# Administrative Package Cover Page

**This file contains the following documents:**

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

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

La ciudad de Wichita Falls (CN600129316) opera la planta de tratamiento de aguas residuales (RN101611051) de la ciudad de Wichita Falls Northside, una pista de carreras / aireación extendida con aireadores mecánicos (rotores). La instalación está ubicada en 6285 Burburnett Road, en la ciudad de Wichita Falls, condado de Wichita, Texas 76306.

Esta solicitud es para una renovación para descargar a un flujo promedio anual de 1,500,000 galones por día de aguas residuales domésticas tratadas a través de los emisarios 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados y Hoja de Trabajo Doméstico 4.0 en el paquete de solicitud de permisos.

Las aguas residuales domésticas se tratan mediante cribas de barras y trituradoras mecánicas, seguidas de aireación extendida / pistas de carreras con aireadores mecánicos (rotores). La clarificación final es seguida por la cuenca de contacto con cloro con reaireación y luego decloración. Los lodos se procesan en lechos de secado de arena para facilitar el secado para su eliminación en vertederos.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

**PERMIT NO. WQ0010509005**

**APPLICATION.** City of Wichita Falls, P.O. Box 1431, Wichita Falls, Texas 76307 has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010509005 (EPA I.D. No. TX0084557) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 1,500,000 gallons per day. The domestic wastewater treatment facility is located at 6285 Burkburnett Road, in the city of Wichita Falls, in Wichita County, Texas 76306. The discharge route is from the plant site to Bear Creek; thence to an aqueduct; thence to Bear Creek; thence to the Wichita River Below Diversion Lake. TCEQ received this application on June 3, 2025. The permit application will be available for viewing and copying at Wichita Falls Public Library, 600 11th Street, Wichita Falls, in Wichita 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=-98.518333,33.995277&level=18

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

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from City of Wichita Falls at the address stated above or by calling Mrs. Robin Butcko, B.B.A., Permitting Services, LLC., at 713-458-8612.

Issuance Date: June 23, 2025

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

June 3, 2025

Re: Confirmation of the Submittal of a modified (update or reschedule) Stack Test Notification
STEERS Account Number : ER087048
Primary Contact : Marcus Bowlin
Regulated Entity Number : RN111535621
Regulated Entity Name : SUGG COMPRESSOR STATION
Permit Number(s) : NRSP 169667
EPN/FIN Number(s) : USAC 12688/4ZS01841
STEERS Confirmation Number : 656646
Stack Test Notification ID : STN000012876

This is an acknowledgment that you have successfully submitted a modified notification for a upcoming compliance stack test event. TCEQ staff may contact the primary contact listed above regarding any waiver requests, to schedule an on-site investigation or to request any additional information.

This confirmation letter meets the requirement to send notifications to the regional office and/or to the Air Permits Division in hard copy or via email but would not fulfill a requirement to report to EPA or any other entity.

If you have any questions or experienced any complications with the STORS e-reporting process please send an email to STORS@tceq.texas.gov.

**Texas Commission on Environmental Quality**

Update Domestic or Industrial Individual Permit

WQ0010509005

## Site Information (Regulated Entity)

| | |
|---|---|
| What is the name of the site to be authorized? | WICHITA FALLS NORTHSIDE WWTP |
| Does the site have a physical address? | Yes |
| **Physical Address** | |
| Number and Street | 6285 BURKBURNETT RD |
| City | WICHITA FALLS |
| State | TX |
| ZIP | 76306 |
| County | WICHITA |
| Latitude (N) (##.######) | 33.995277 |
| Longitude (W) (-###.######) | -98.518333 |
| Primary SIC Code | 4952 |
| Secondary SIC Code | |
| Primary NAICS Code | 221320 |
| Secondary NAICS Code | |
| **Regulated Entity Site Information** | |
| What is the Regulated Entity's Number (RN)? | RN101611051 |
| What is the name of the Regulated Entity (RE)? | NORTHSIDE PLANT |
| Does the RE site have a physical address? | Yes |
| **Physical Address** | |
| Number and Street | 6285 BURKBURNETT RD |
| City | WICHITA FALLS |
| State | TX |
| ZIP | 76301 |
| County | WICHITA |
| Latitude (N) (##.######) | 33.995078 |
| Longitude (W) (-###.######) | -98.519074 |
| Facility NAICS Code | |
| What is the primary business of this entity? | DOMESTIC |

# City of-Customer (Applicant) Information (Owner)

| | |
|---|---|
| How is this applicant associated with this site? | Owner |
| What is the applicant's Customer Number (CN)? | CN600129316 |
| Type of Customer | City Government |
| **Full legal name of the applicant:** | |
| Legal Name | City of Wichita Falls |
| Texas SOS Filing Number | |
| Federal Tax ID | 756000714 |
| State Franchise Tax ID | |
| State Sales Tax ID | |
| Local Tax ID | |
| DUNS Number | 59463133 |
| Number of Employees | 101-250 |
| Independently Owned and Operated? | |
| I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas. | Yes |
| **Responsible Authority Contact** | |
| Organization Name | City of Wichita Falls |
| Prefix | MR |
| First | BILL |
| Middle | |
| Last | THORNTON |
| Suffix | |
| Credentials | |
| Title | OPERATIONS SUPERVISOR |
| **Responsible Authority Mailing Address** | |
| Enter new address or copy one from list: | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | PO BOX 1431 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | WICHITA FALLS |
| State | TX |
| ZIP | 76307 |
| Phone (###-###-####) | 9403972540 |
| Extension | |
| Alternate Phone (###-###-####) | |

| | |
|---|---|
| Fax (###-###-####) | 9407239542 |
| E-mail | BILL.THORNTON@WICHITAFALLSTX.GOV |

## Billing Contact

| | |
|---|---|
| **Responsible contact for receiving billing statements:** | |
| Select the permittee that is responsible for payment of the annual fee. | CN600129316, City of Wichita Falls |
| Organization Name | CITY OF WICHITA FALLS |
| Prefix | MS |
| First | JENNIFER |
| Middle | |
| Last | BABINEAUX |
| Suffix | |
| Credentials | |
| Title | PURCHASING AGENT |
| Enter new address or copy one from list: | |
| **Mailing Address** | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | PO BOX 1431 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | WICHITA FALLS |
| State | TX |
| ZIP | 76307 |
| Phone (###-###-####) | 9407617468 |
| Extension | |
| Alternate Phone (###-###-####) | |
| Fax (###-###-####) | |
| E-mail | JENNIFER.BABINEAUX@WICHITAFALLSTX.GOV |

## Application Contact

| | |
|---|---|
| **Person TCEQ should contact for questions about this application:** | |
| Same as another contact? | |
| Organization Name | CITY OF WICHITA FALLS |
| Prefix | MS |
| First | ROBIN |
| Middle | |

| | |
|---|---|
| Last | BUTCKO |
| Suffix | |
| Credentials | |
| Title | SENIOR WASTEWATER CONSULTANT |
| Enter new address or copy one from list: | |
| **Mailing Address** | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | 4700 S KIRKWOOD RD APT 513 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | HOUSTON |
| State | TX |
| ZIP | 77072 |
| Phone (###-###-####) | 7134588612 |
| Extension | |
| Alternate Phone (###-###-####) | |
| Fax (###-###-####) | |
| E-mail | ROBIN@PERMITTINGSERVICES.NET |

## Technical Contact

| | |
|---|---|
| **Person TCEQ should contact for questions about this application:** | |
| Same as another contact? | |
| Organization Name | CITY OF WICHITA FALLS |
| Prefix | MR |
| First | BILL |
| Middle | |
| Last | THORNTON |
| Suffix | |
| Credentials | |
| Title | OPERATIONS SUPERVISOR |
| Enter new address or copy one from list: | |
| **Mailing Address** | |
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | PO BOX 1431 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | WICHITA FALLS |
| State | TX |

| | |
|---|---|
| ZIP | 76307 |
| Phone (###-###-####) | 9033972540 |
| Extension | |
| Alternate Phone (###-###-####) | |
| Fax (###-###-####) | |
| E-mail | BILL.THORNTON@WICHITAFALLSTX.GOV |

## DMR Contact

**Person responsible for submitting Discharge Monitoring Report Forms:**

| | |
|---|---|
| Same as another contact? | |
| Organization Name | CITY OF WICHITA FALLS |
| Prefix | MR |
| First | BILL |
| Middle | |
| Last | THORNTON |
| Suffix | |
| Credentials | |
| Title | OPERATIONS SUPERVISOR |
| Enter new address or copy one from list: | |

**Mailing Address:**

| | |
|---|---|
| Address Type | Domestic |
| Mailing Address (include Suite or Bldg. here, if applicable) | PO BOX 1431 |
| Routing (such as Mail Code, Dept., or Attn:) | |
| City | WICHITA FALLS |
| State | TX |
| ZIP | 76307 |
| Phone (###-###-####) | 9033972540 |
| Extension | |
| Alternate Phone (###-###-####) | |
| Fax (###-###-####) | |
| E-mail | BILL.THORNTON@WICHITAFALLSTX.GOV |

## Section 1# Permit Contact

### Permit Contact#: 1

**Person TCEQ should contact throughout the permit term.**

| | |
|---|---|
| 1) Same as another contact? | |
| 2) Organization Name | PERMITTING SERVICES LLC |
| 3) Prefix | MRS |
| 4) First | ROBIN |
| 5) Middle | |
| 6) Last | BUTCKO |
| 7) Suffix | |
| 8) Credentials | |
| 9) Title | SENIOR WASTEWATER CONSULTANT |
| **Mailing Address** | |
| 10) Enter new address or copy one from list | Application Contact |
| 11) Address Type | Domestic |
| 11.1) Mailing Address (include Suite or Bldg. here, if applicable) | 4700 S KIRKWOOD RD APT 513 |
| 11.2) Routing (such as Mail Code, Dept., or Attn:) | |
| 11.3) City | HOUSTON |
| 11.4) State | TX |
| 11.5) ZIP | 77072 |
| 12) Phone (###-###-####) | 7134588612 |
| 13) Extension | |
| 14) Alternate Phone (###-###-####) | |
| 15) Fax (###-###-####) | |
| 16) E-mail | ROBIN@PERMITTINGSERVICES.NET |

## Owner Information

| | |
|---|---|
| **Owner of Treatment Facility** | |
| 1) Prefix | |
| 2) First and Last Name | |
| 3) Organization Name | CITY OF WICHITA FALLS |
| 4) Mailing Address | PO BOX 1431 |
| 5) City | WICHITA FALLS |
| 6) State | TX |
| 7) Zip Code | 76307 |
| 8) Phone (###-###-####) | 9407617404 |
| 9) Extension | |
| 10) Email | BILL.THORNTON@WICHITAFALLSTX.GOV |
| 11) What is ownership of the treatment facility? | Public |

**Owner of Land (where treatment facility is or will be)**

| | |
|---|---|
| 12) Prefix | |
| 13) First and Last Name | |
| 14) Organization Name | CITY OF WICHITA FALLS |
| 15) Mailing Address | PO BOX 1431 |
| 16) City | WICHITA FALLS |
| 17) State | TX |
| 18) Zip Code | 76307 |
| 19) Phone (###-###-####) | 9407617404 |
| 20) Extension | |
| 21) Email | BILL.THORNTON@WICHITAFALLSTX.GOV |
| 22) Is the landowner the same person as the facility owner or co-applicant? | Yes |

## General Information Renewal-Amendment

| | |
|---|---|
| 1) Current authorization expiration date: | 12/28/2025 |
| 2) Current Facility operational status: | Active |
| 3) Is the facility located on or does the treated effluent cross American Indian Land? | No |
| 4) What is the application type that you are seeking? | Renewal without changes |
| 5) Current Authorization type: | Public Domestic Wastewater |
| 5.1) What is the proposed total flow in MGD discharged at the facility? | 1.5 |
| 5.2) Select the applicable fee | >= 1.0 MGD - Renewal - $2,015 |
| 6) What is the classification for your authorization? | TPDES |
| 6.1) What is the EPA Identification Number? | TX0084557 |
| 6.2) Is the wastewater treatment facility location in the existing permit accurate? | Yes |
| 6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct? | Yes |
| 6.4) City nearest the outfall(s): | WICHITA FALLS |
| 6.5) County where the outfalls are located: | WICHITA |
| 6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch? | No |
| 6.7) Is the daily average discharge at your facility of 5 MGD or more? | No |
| 7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application? | No |

## Public Notice Information

**Individual Publishing the Notices**

| | |
|---|---|
| 1) Prefix | MRS |
| 2) First and Last Name | ROBIN BUTCKO |
| 3) Credential | |
| 4) Title | SENIOR WASTEWATER CONSULTANT |
| 5) Organization Name | PERMITTING SERVICES LLC |
| 6) Mailing Address | 4700 S KIRKWOOD RD |
| 7) Address Line 2 | SUITE 513 |
| 8) City | HOUSTON |
| 9) State | TX |
| 10) Zip Code | 77072 |
| 11) Phone (###-###-####) | 7134588612 |
| 12) Extension | |
| 13) Fax (###-###-####) | |
| 14) Email | ROBIN@PERMITTINGSERVICES.NET |
| **Contact person to be listed in the Notices** | |
| 15) Prefix | MRS |
| 16) First and Last Name | ROBIN BUTCKO |
| 17) Credential | |
| 18) Title | SENIOR WASTEWATER CONSULTANT |
| 19) Organization Name | PERMITTING SERVICES LLC |
| 20) Phone (###-###-####) | 7134588612 |
| 21) Fax (###-###-####) | |
| 22) Email | ROBIN@PERMITTINGSERVICES.NET |
| **Bilingual Notice Requirements** | |
| 23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility? | No |

## Section 1# Public Viewing Information

### County#: 1

| | |
|---|---|
| 1) County | WICHITA |
| 2) Public building name | MEMORIAL AUDITORIUM |
| 3) Location within the building | ROOM 402 |
| 4) Physical Address of Building | 1300 7TH STREET |
| 5) City | WICHITA FALLS |
| 6) Contact Name | |
| 7) Phone (###-###-####) | 9406911153 |

| | |
|---|---|
| 8) Extension | |
| 9) Is the location open to the public? | Yes |

## Plain Language

| | |
|---|---|
| 1) Plain Language | |
| [File Properties] | |
| File Name | LANG_PLS English Summary.docx |
| Hash | F95EFD63D3C2A580F53A760E05D8167EBB15B466E1C134A8CF4DC05F481BAD25 |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |
| [File Properties] | |
| File Name | LANG_PLS Spanish Summary.docx |
| Hash | 4FCAF0C7E6455FEF40393519E40277396FBAF43FF65D611501E52229B88CE093 |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

## Supplemental Permit Information Form

| | |
|---|---|
| 1) Supplemental Permit Information Form (SPIF) | |
| [File Properties] | |
| File Name | SPIF_WF SPIF Form.docx |
| Hash | B4DDCDDAC64187D0B2E5D8E3BF3203825F9CC4052745A6F6E09D34674D4AC626 |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

## Domestic Attachments

| | |
|---|---|
| 1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale. | |
| [File Properties] | |
| File Name | MAP_USGS Map.pdf |
| Hash | 3CDF18D987B76611F54344091313F1E25486DE3614551D9B073406F0BD8CAC8A |
| MIME-Type | application/pdf |
| 2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment. | Yes |

| | |
|---|---|
| 2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment. | Yes |
| 2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment? | No |
| 2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment? | Yes |
| 2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment? | Yes |
| 2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment. | Yes |
| 2.6) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment? | No |

2.7) Technical Attachment

[File Properties]

| | |
|---|---|
| File Name | TECH_WF Domestic Technical Report Form (2-25-25).docx |
| Hash | F8553986179007699284 5F9AD240FED1C0263292013332644F0E6CD604E1940B |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

[File Properties]

| | |
|---|---|
| File Name | TECH_Vitro Architectural Glass Worksheet 6.0 (3-1-25).docx |
| Hash | 06C3FB7033C11E3EDA3C8FCB3E454C04228E8D7C3C8194D3EC100FC677EF544F |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

[File Properties]

| | |
|---|---|
| File Name | TECH_Table 6 - SAFB 2025.docx |
| Hash | A5C74DC907072E9A6560C3F67CEC08793680F61BD0520986FE2FB70DA4467BBE |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

[File Properties]

| | |
|---|---|
| File Name | TECH_Table 6 - Vitro 2025.docx |
| Hash | BF9EF137AEF48322B2AB865C51FD126D17C9CD89EB93099711E8F9430CACBCFD |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

3) Buffer Zone Map

4) Flow Diagram

[File Properties]

| | |
|---|---|
| File Name | FLDIA_Flow Diagram.pdf |
| Hash | ED66CABB72124E152D0883F5C139FB6242B20DAE592B337BAE12C342C4940573 |
| MIME-Type | application/pdf |

5) Site Drawing

[File Properties]

| | |
|---|---|
| File Name | SITEDR_Site Drawing.pdf |
| Hash | C5336FF8725C2B78E71216187322DAC3AE06ACE8D323FB4ECE462AFFA6B92805 |
| MIME-Type | application/pdf |

6) Design Calculations

[File Properties]

| | |
|---|---|
| File Name | DES_CAL_WF Domestic Administrative Form (2-25-25).docx |
| Hash | 1BCB2042672660A604E9783D04C1A1CDD3F82A67C1F71C00E494F19B372B0472 |
| MIME-Type | application/vnd.openxmlformats-officedocument.wordprocessingml.document |

7) Solids Management Plan

8) Water Balance

9) Other Attachments

[File Properties]

| | |
|---|---|
| File Name | OTHER_WF Attachments (3-1-25).pdf |
| Hash | D5C2B4C95DE26CA30196E0A5372182385781BF21E46E7BB753B0BEE0CF784B67 |
| MIME-Type | application/pdf |

## Certification

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

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.

1. I am Robin L Butcko, the owner of the STEERS account ER088113.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.

6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0010509005.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Robin L Butcko OWNER

| | |
|---|---|
| Customer Number: | CN600129316 |
| Legal Name: | City of Wichita Falls |
| Account Number: | ER088113 |
| Signature IP Address: | 73.206.78.33 |
| Signature Date: | 2025-05-30 |
| Signature Hash: | 8A711E48704DF20C112ECDC18FBF0BA6F269DC43BD0341B766BD0A58E17F57AC |
| Form Hash Code at time of Signature: | 596D8E02D96A16A2115C6E88170B10936F8950063A4A0FCD2E6E8C61A6A8F661 |

## Fee Payment

| | |
|---|---|
| Fee Amount: | $2000.00 |
| Check Date: | The application fee was paid on 2025-04-08 |
| Check Number: | The check number is 102018 |

## Submission

| | |
|---|---|
| Reference Number: | The application reference number is 790384 |
| Submitted by: | The application was submitted by ER088113/Robin L Butcko |
| Submitted Timestamp: | The application was submitted on 2025-06-03 at 10:52:09 CDT |
| Submitted From: | The application was submitted from IP address 73.206.78.33 |
| Confirmation Number: | The confirmation number is 656713 |
| Steers Version: | The STEERS version is 6.91 |
| Permit Number: | The permit number is WQ0010509005 |

## Additional Information

Application Creator: This account was created by Robin L Butcko

**Texas Commission on Environmental Quality**

Update Notification

STN000012876

## Site Information (Regulated Entity)

| | |
|---|---|
| What is the Regulated Entity's Number (RN)? | RN111535621 |
| What is the name of the Regulated Entity (RE)? | SUGG COMPRESSOR STATION |
| Does the RE site have a physical address? | No |
| **Physical Address** | |
| Because there is no physical address, describe how to locate this site: | FROM BARNHART, TX HEAD NW ON TX-163 N TOWARD DRAPER ST FOR 12.1 MI, TURN L ONTO CR 401 FOR 0.7 MI, TURN L ONTO LEASE RD FOR 200 FT, SITE IS ON L |
| City | BARNHART |
| State | TX |
| ZIP | 76941 |
| County | IRION |
| Latitude (N) (##.######) | 31.29903 |
| Longitude (W) (-###.######) | -101.174303 |
| Facility NAICS Code | |
| What is the primary business of this entity? | NATURAL GAS PROCESSING |

## Customer Information

| | |
|---|---|
| How is this applicant associated with this site? | Multiple |
| What is the applicant's Customer Number (CN)? | CN604204479 |
| Type of Customer | Corporation |
| **Full legal name of the applicant:** | |
| Legal Name | Canes Midstream G&P Llc |
| Texas SOS Filing Number | 801673338 |
| Federal Tax ID | 461157784 |
| State Franchise Tax ID | 32049320842 |
| State Sales Tax ID | |
| Local Tax ID | |
| DUNS Number | 32999272 |

| | |
|---|---|
| Number of Employees | 0-20 |
| Independently Owned and Operated? | Yes |

## Section 1# Stack Test Notification Source Information - Modify

### Source#: 1

| | |
|---|---|
| 1) Source Name | ENG-2 |
| 2) Emission Point Number (EPN) of the source | USAC 12688 |
| 3) Facility Identification Number (FIN) | 4ZS01841 |
| 4) Source Type | Engine |
| 5) Enter the permit or registration number. | NRSP 169667 |
| 6) Is there a Title V permit on the RN? | No |
| 7) Select the applicable Code of Federal Regulations Title(s) due to which compliance testing is required. | 40 CFR PART 60 |
| 7.1) Enter Subpart(s) for 40 CFR Part 60 | JJJJ |
| 8) What state rules are you conducting the stack test for (e.g., 30 TAC 106, 30 TAC 116, 30 TAC 117)? If you are operating in a non-attainment county, please include 30 TAC 117. | 30 TAC 116 |
| 9) Is there any other applicable rule that applies? | |
| 10) Previously requested waiver(s) | |
| 11) Are you requesting a waiver? | No |
| 12) Type of Stack Test to be conducted | Compliance or Performance Test |
| 13) Testing Frequency | PERIODIC |
| 14) Planned Stack Test Start Date | 05/25/2025 |
| 15) Planned Stack Test End Date | 05/31/2025 |
| 16) Do you need to reschedule the Stack Test? | Yes |
| 16.1) New Planned Stack Test Start Date | 06/01/2025 |
| 16.2) New Planned Stack Test End Date | 06/07/2025 |
| 17) Per the NSR permit or applicable rule(s), what is the number of days required to submit the notification before the test is conducted? | 30 Days |
| 18) Enter any additional information you wish to provide. | |
| 19) Are you planning to upload Test Protocol/Test Plan for this Source/EPN? | Yes |
| 19.1) Upload the Test Protocol/Test Plan | |
| [File Properties] | |
| File Name | EPN_USAC 12688-FIN_4ZS01841-STCKTST_COMPLIANCE PERFORMANCE-CNT_1.pdf |
| Hash | 3335D96F6BD978B7058237A80667045ACF7812D7EAB16EB5D8AF1B84BB4F3CD7 |
| MIME-Type | application/pdf |

## Notification General Information

| | |
|---|---|
| 1) Are you requesting a pre-test meeting? | No |
| 2) Name of the company performing the Stack Test | TCB ENERGY SERVICES |

## Certification

I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in the attached documents are true, accurate, and complete.

1. I am Marcus Bowlin, the owner of the STEERS account ER087048.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Notification STN000012876.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

MULTIPLE Signature: Marcus Bowlin MULTIPLE

| | |
|---|---|
| Customer Number: | CN604204479 |
| Legal Name: | Canes Midstream G&P Llc |
| Account Number: | ER087048 |
| Signature IP Address: | 66.196.205.70 |
| Signature Date: | 2025-06-03 |
| Signature Hash: | 5991AE45E061283FE1461504131496E5E6415D1BA1BA2D04AD715B42FE92160B |
| Form Hash Code at time of Signature: | FEB15ED27C7E69E936313A5B2425C1F74C47FD61C8D224541AA6BCD096836EF6 |

## Submission

| | |
|---|---|
| Reference Number: | The application reference number is 790394 |
| Submitted by: | The application was submitted by ER087048/Marcus Bowlin |
| Submitted Timestamp: | The application was submitted on 2025-06-03 at 08:25:42 CDT |
| Submitted From: | The application was submitted from IP address 66.196.205.70 |
| Confirmation Number: | The confirmation number is 656646 |
| Steers Version: | The STEERS version is 6.91 |
| Permit Number: | The permit number is STN000012876 |

## Additional Information

Application Creator: This account was created by Byron Lundgren

# Attachment A-1

# Core Data Form

TCEQ Use Only

# TCEQ Core Data Form

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

## SECTION I: General Information

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

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

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

| 2. Customer Reference Number *(if issued)* | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number *(if issued)* |
|---|---|---|
| CN 600129316 | | RN 101611051 |

## SECTION II: Customer Information

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

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

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

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

City of Wichita Falls

| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) | 9. Federal Tax ID (9 digits) | 10. DUNS Number *(if applicable)* |
|---|---|---|---|
| | 75-6000714 | 75-6000714 | 059463133 |

**11. Type of Customer:**

☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

**12. Number of Employees**

☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☒ 501 and higher

**13. Independently Owned and Operated?**

☐ Yes ☒ No

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

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

**15. Mailing Address:**

City of Wichita Falls
PO Box 1431

| City | State | ZIP | ZIP + 4 |
|---|---|---|---|
| Wichita Falls | TX | 76301 | |

**16. Country Mailing Information** *(if outside USA)*

**17. E-Mail Address** *(if applicable)*

bill.thornton@wichitafallstx.gov

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

| | | |
|---|---|---|
| ( 903 ) 397-2540 | | ( 940 ) 723-9542 |

## SECTION III: Regulated Entity Information

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

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

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

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

Northside Wastewater Treatment Facility

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **23. Street Address of the Regulated Entity:** ***(No PO Boxes)*** | 6285 Burburnett Road | | | | | | | |
| | **City** | Wichita Falls | **State** | TX | **ZIP** | 76306 | **ZIP + 4** | |
| **24. County** | Wichita County | | | | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| **25. Description to Physical Location:** | | | | | |
| **26. Nearest City** | | | **State** | **Nearest ZIP Code** | |
| Wichita Falls | | | TX | 76301 | |

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

| | | | | | |
|---|---|---|---|---|---|
| **27. Latitude (N) In Decimal:** | 33.99506° N | | **28. Longitude (W) In Decimal:** | -98.51897° W | |
| Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| | | | | | |

| | | | |
|---|---|---|---|
| **29. Primary SIC Code** (4 digits) | **30. Secondary SIC Code** (4 digits) | **31. Primary NAICS Code** (5 or 6 digits) | **32. Secondary NAICS Code** (5 or 6 digits) |
| 4952 | | 221320 | |

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

Wastewater Treatment

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **34. Mailing Address:** | **City of Wichita Falls** | | | | | | | |
| | **PO Box 1431** | | | | | | | |
| | **City** | **Wichita Falls** | **State** | **TX** | **ZIP** | **76301** | **ZIP + 4** | |
| **35. E-Mail Address:** | **bill.thornton@wichitafallstx.gov** | | | | | | | |

| | | |
|---|---|---|
| **36. Telephone Number** | **37. Extension or Code** | **38. Fax Number** *(if applicable)* |
| **( 903 ) 397-2540** | | **( 940 ) 723-9542** |

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

| | | | | |
|---|---|---|---|---|
| ☐ Dam Safety | ☐ Districts | ☐ Edwards Aquifer | ☐ Emissions Inventory Air | ☐ Industrial Hazardous Waste |
| | | | | |
| ☐ Municipal Solid Waste | ☐ New Source Review Air | ☐ OSSF | ☐ Petroleum Storage Tank | ☐ PWS |
| | | | | |
| ☐ Sludge | ☐ Storm Water | ☐ Title V Air | ☐ Tires | ☐ Used Oil |
| | | | | |
| ☐ Voluntary Cleanup | ☒ Wastewater | ☐ Wastewater Agriculture | ☐ Water Rights | ☐ Other: |
| | WQ0010509005 | | | |

## SECTION IV: Preparer Information

| | | | |
|---|---|---|---|
| **40. Name:** | Robin Butcko | **41. Title:** | Senior Wastewater Manager |

| **42. Telephone Number** | **43. Ext./Code** | **44. Fax Number** | **45. E-Mail Address** |
|---|---|---|---|
| ( 713 ) 458-8612 | | ( ) - | robin@permittingservices.net |

## SECTION V: Authorized Signature

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

| | | | |
|---|---|---|---|
| **Company:** | City of Wichita Falls | **Job Title:** | Operations Supervisor |
| **Name** *(In Print):* | Bill Thornton | **Phone:** | ( 903 ) 397- **2540** |
| **Signature:** | Bill Thornton | **Date:** | 2-27-25 |

# Attachment A-2

# PLS Summaries

# English / Spanish

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

La ciudad de Wichita Falls (CN600129316) opera la planta de tratamiento de aguas residuales (RN101611051) de la ciudad de Wichita Falls Northside, una pista de carreras / aireación extendida con aireadores mecánicos (rotores). La instalación está ubicada en 6285 Burburnett Road, en la ciudad de Wichita Falls, condado de Wichita, Texas 76306.

Esta solicitud es para una renovación para descargar a un flujo promedio anual de 1,500,000 galones por día de aguas residuales domésticas tratadas a través de los emisarios 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados y Hoja de Trabajo Doméstico 4.0 en el paquete de solicitud de permisos.

Las aguas residuales domésticas se tratan mediante cribas de barras y trituradoras mecánicas, seguidas de aireación extendida / pistas de carreras con aireadores mecánicos (rotores). La clarificación final es seguida por la cuenca de contacto con cloro con reaireación y luego decloración. Los lodos se procesan en lechos de secado de arena para facilitar el secado para su eliminación en vertederos.

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

The City of Wichita Falls (CN600129316) operates the City of Wichita Falls Northside wastewater treatment plant (RN101611051), an Extended Aeration/Race Tracks with mechanical (rotors) aerators. The facility is located at 6285 Burburnett Road, in the City of Wichita Falls, Wichita County, Texas 76306.

This application is for a renewal to discharge at an annual average flow of 1,500,000 gallons per day of treated domestic wastewater via Outfalls 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen ($NH_3$-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by Bar screens & mechanical grinder followed by Extended Aeration/Race Tracks with mechanical (rotors) aerators. Final clarification is followed by chlorine contact basin with re-aeration then de-chlorination. Sludge is processed to sand drying beds to facilitate drying for landfill disposal.

# Attachment A-3

# USGS Map


***Legend***

- 1 Mile Radius
- Applicant Property Boundry
- Treatment Plant Boundry
- 3 River Miles
- Outfall

Attachment A

# North Side Waste WaterTreatment Plant
# WQ0010509-005

## Treatment Plant

N
W E
S

SCALE
1:24,000

# Attachment A-4

# SPIF Form

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**TCEQ USE ONLY:**

Application type: _____Renewal _____Major Amendment ____Minor Amendment _____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Wichita Falls

   Permit No. WQ00 10509005 EPA ID No. TX 0084557

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

   6285 Burkburnett Road, Wichita Falls, Texas 76306 Wichita County

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

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

First and Last Name: Bill Thornton

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

Title: Operations Supervisor

Mailing Address: PO Box 1431

City, State, Zip Code: Wichita Falls, TX 76307

Phone No.: 903-397-2540 Ext.: Fax No.:

E-mail Address: bill.thornton@wichitafallstx.gov

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

N/A

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

From a 15" diameter pipe; thence to Bear Creek; thence to Wichita River below Lake Diversion in Segment No. 0214 of the Red River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

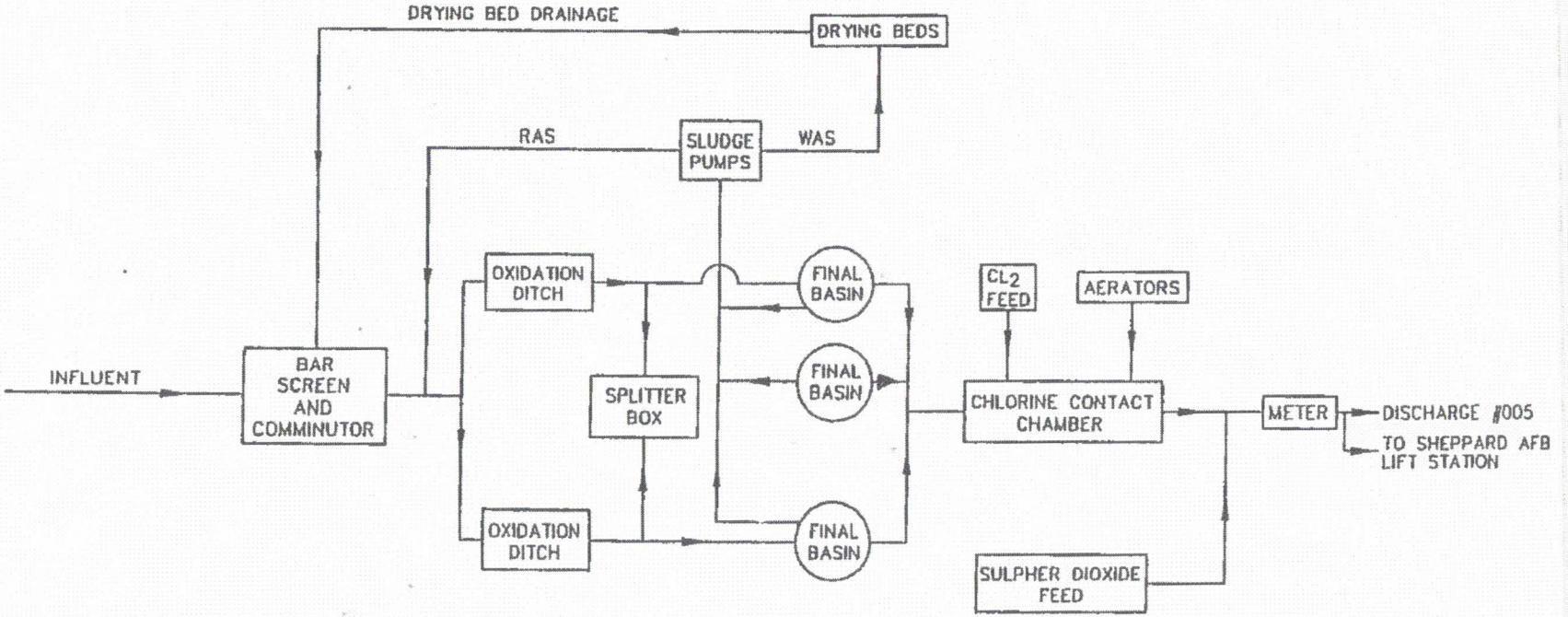
4. Provide a brief history of the property, and name of the architect/builder, if known.

N/A

# Attachment T-1

# Flow Diagram

# SCHEMATIC OF WASTEWATER FLOW




Attachment B

CITY OF WICHITA FALLS
NORTHSIDE WASTEWATER
TREATMENT PLANT (TX0084557)
WICHITA FALLS, TEXAS

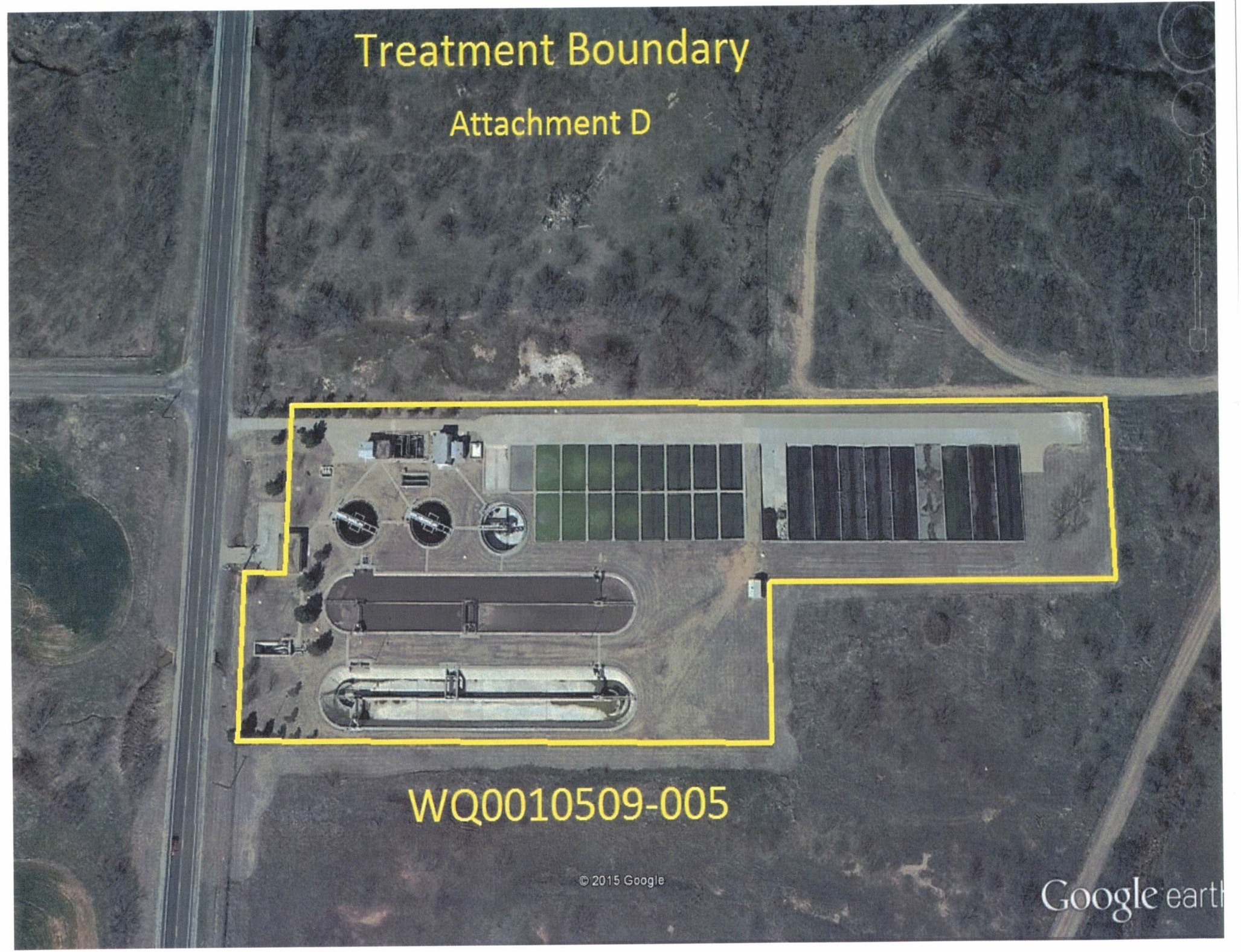
PAGE 1 OF 1 PAGES

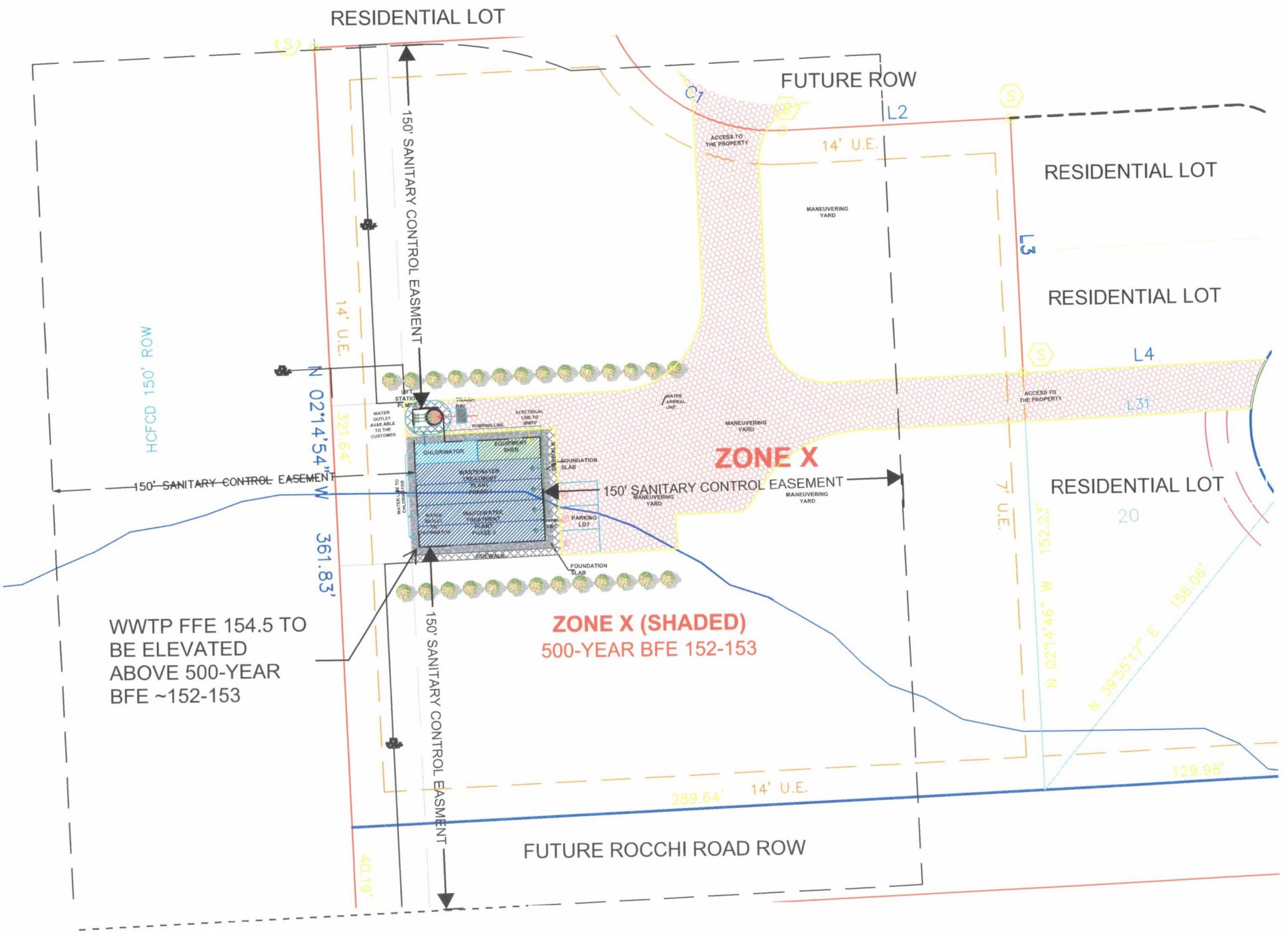
City of Wichita Falls Permit Renewal
Northside Wastewater Treatment Plant
Permit # WQ0010509-005
P.O. Box 1431
Wichita Falls, Texas 76307

# Attachment T-2

# Site Drawing


Area Served
Attachment C
Sheppard AFB
WQ0010509-005


Treatment Boundary
Attachment D
WQ0010509-005
© 2015 Google
Google earth


RESIDENTIAL LOT
FUTURE ROW
C7
L2
14' U.E.
ACCESS TO THE PROPERTY
RESIDENTIAL LOT
MANEUVERING YARD
L3
RESIDENTIAL LOT
150' SANITARY CONTROL EASEMENT
14' U.E.
HCFCD 150' ROW
L4
L31
ACCESS TO THE PROPERTY
N 02°14'54" W
321.64'
WATER OUTLET AVAILABLE TO THE CUSTOMER
LIFT STATION PUMPS
TRASH BIN
PUMPING LINE
ELECTRICAL LINE TO WWTP
WATER ARRIAL LINE
MANEUVERING YARD
ZONE X
CHLORINATOR
EQUIPMENT SHED
FOUNDATION SLAB
WASTEWATER TREATMENT PLANT PHASE 1
WASTEWATER TREATMENT PLANT PHASE 2
PARKING LOT
SIDEWALK
150' SANITARY CONTROL EASEMENT
MANEUVERING YARD
MANEUVERING YARD
7' U.E.
RESIDENTIAL LOT
20
152.22'
N 02°14'46" W
N 39°55'17" E
156.06'
361.83'
WWTP FFE 154.5 TO BE ELEVATED ABOVE 500-YEAR BFE ~152-153
ZONE X (SHADED)
500-YEAR BFE 152-153
150' SANITARY CONTROL EASEMENT
129.98'
289.64'
14' U.E.
FUTURE ROCCHI ROAD ROW
40.19'

# Attachment T-3

# Pollutant Analysis

# Table 1.0(2)

# Attachment T-4

# Toxicity Testing

# Worksheet 4.0

# Attachment T-5

# Worksheet 6.0

# Table 6.0(1)

# US Dept of the Air Force NS

# Attachment T-6

# Worksheet 6.0

# Table 6.0(1)

# Vitro Architecture

# Attachment T-7

# Vitro Architecture Glass

# Information Sheet

**Industrial User Information Sheet (Permit S06R)**
**Vitro Architectural Glass Information Sheet**

## Contact

Daniel Gagne – Senior Engineer (940) 851-4225

## Introduction

On December 09, 2019, Mr. Drew Begley and Mr. Dave Thomas of the City of Wichita Falls' Pretreatment Program conducted an inspection of Vitro Architectural Glass to evaluate the facility's compliance with applicable requirements for pretreatment.

Vitro is a float glass producer that is permitted as an SIU (>25,000 gpd and 5% of load to the POTW) under a 5 year Pretreatment permit with the City to discharge to the NSPOTW. This Vitro plant is the company's largest. The facility is serviced by two water meters 40331-40224 main line and a fire line meter 40223. Vitro uses approximately 300,000 gpd and discharges 99,000 gpd to the NSPOTW. The City's permit requires that Vitro monitors total chromium, selenium, sulfides, which originate from the regenerator, and flow total every 6 months 3 days consecutively. The permit also mandates that Vitro maintains an up-to-date Slug Discharge Control Plan (SDCP) and supply pump-out records for their NaOH pit, which used to be discharged to the sanitary sewer. Vitro also has a Spill Prevention Countermeasure Control (SPCC) plan that goes along with being a Superfund Amendments and Re-authorization Act (SARA) 313 industry. Vitro's SIC code is 3211 float glass which requires the company to have a TCEQ Multi-Sector Stormwater Permit (TXR05L762). Vitro also has a Title V air Permit (O-01113). Mr. Daniel Gagne (Senior Engineer) is our primary contact, Mr. Paul Molini (Personnel Director) is our secondary contact, and Mr. William Haley (Plant Manager) is our signatory authority. As of the December 09, 2019 inspection, Vitro employed about 360 employees working 4 crews, and up to 500 if the contractors are included. The facility operates 24 hours a day 7 days a week.

## Process

Vitro is a non-contact float glass producer that is regulated to manufacture up to 700 tons of glass per day. Raw glass materials which include silica sand, selenium oxide (gray), cobalt oxide (blue), dolomite, limestone, coal, iron oxide, sodium sulfate, sulfur dioxide, and acetic acid are delivered to the facility by rail and road. Chromium oxide (green) is still onsite, but since 2005, it is no longer used because it is hazardous and its color could be obtained using less toxic raw materials. Furthermore, the raw materials along with cullet (broken glass) are blended and placed in two furnaces (Line 1 and Line 2) then melted. Currently, water is added to each batch of material to reduce the effect of turbulence caused by dry sand that is suspended in the air. In the past, NaOH was used instead of water but a significant spill led to the change. The molten glass is then floated on a liquefied tin bath where it is formed into a perfectly flat, continuous sheet. The molten glass is then pulled through the furnace at different pull speeds, which influences its thickness. Line 1 has a solar cool process which uses acetic acid to prevent markings while sulfur dioxide is applied to both Lines 1 and 2 as a lubricant to keep wheel roll tracks off the glass. The process uses non-

contact cooling, as water never touches the glass. Cooling water is recirculated using the cooling towers, it never leaves the plant, and it is brought to the furnaces via green closed-circuit water lines. If there is a disruption in the flow of the recirculated cooling water however, the water is sent to the frit pit. After the furnace, the glass slowly moves down the line as one solid piece as it cools. The glass is then cut to specific lengths. At this point, if the glass doesn't require edge milling, tempering, or Magnetron Sputtering Vapor Deposition (MSVD) coating, it is ready for shipment. If it does require edge milling and tempering, it goes through the off line edge milling machine which uses sodium bicarbonate for cooling. After the edge milling process, the glass must go through tempering. Tempering is done by heating then quickly cooling the glass, and it is used to increase its strength. The tempering process also uses RO treatment of City water for cleaning. After tempering, the glass could be sent to MSVD or shipped depending on customers' requests. If glass is edge milled, it has to be tempered. Currently, if customers request MSVD coatings, the tempered glass can be sent to a coater in one of two areas where it is properly cleaned with RO and deionized water, which is also UV treated. The smaller, older coater uses Sn, Zn, Ag, and Ti, while the bigger and more recent installation also uses $TiO_2$ and Cu. The glass then passes through pressure chambers that apply very small amounts of metal in a layered fashion onto its surface. No wastewater is produced in this area. MSVD produces the mirror looking glass that reduces heat and light entering a building. As of the December 09, 2019 inspection, both coaters were in operation for 4.5 to 5 days per week. Afterwards, the glass is placed in an onsite warehouse for shipping by contract trucks.

**Other pertinent information about Vitro**

**Discharge:**

The main discharge to the sanitary sewer is blow down from the cooling towers and bathrooms. The facility has two RO systems. One is for the deep tank infiltration where the treated water goes to the sanitary sewer and the reject is currently being added to the furnace to keep bubbles down. The other RO unit is small and is used in the tempering area. The reject water is sent to the sanitary sewer. The RO water in the tempering line is City water that is treated with RO, so the reject doesn't contain process waste.

**Batch Area: (located on west side of plant on south end)**

The silos contain the silica sand, dolomite, and limestone. The cullet is also located in this area. The rue room is also in the batch area; this is where the cobalt, selenium, and chromium are kept. This area is where the mixture is made and sent to one of the two furnaces. No wastewater is produced there.

**Furnaces:**

Vitro has two furnaces: Line 1 (solar cool), an $O_2$ furnace, and Line 2, a natural gas furnace. Line 1 was rebuilt in 2014. Non-contact cooling water is supplied to the furnaces by green supply lines. No wastewater is produced from this process.

**Solar Cool – Line 1: (located on the east side of the plant)**

Solar cool produces a reflective coating on the glass. It popularity has been decreasing steadily per annum. During the December 04, 2018 inspection, it was disclosed that solar cool was run about 600 to 700 hours for that year. However, as of the inspection held on December 09, 2019, the solar cool process was only used about 410 hours for the first ten months of the aforementioned year. During the solar cool process, pyrolytic spray coatings consisting of Cobalt Acetylacetonate (ACAC), Chromium ACAC, Titanal ACAC, for sterling glass, and Ferric ACAC are added as the

glass comes off tin bath. Furthermore, Titanal is purchased as a blended solution while all the other ACACs are mixed on site. The glass is then washed with acetic acid to help prevent markings and sulfur dioxide is utilized as a lubricant just before cutting. The closest floor drains in the solar cool area are plugged, and Vitro is planning on sealing the remaining ones. The wastewater from the solar cool process, which contains acetic acid and overspray, is sucked up into hoods and sent to the cooling towers for evaporation. The waste slurry and wastewater from the sinks are treated in the basement using a vacuum filter with tanks for the wastewater. The setup is similar to IMC's Alar drum filter system. The sludge from the filter is drummed, labeled as hazardous waste, and sent to the 90-day satellite area within 3 days. When 60-70 drums are filled, they are trucked for recycling to recover the cobalt. All waste from the solar cool process is recycled or shipped; none of the solar cool chemical is sent down the sanitary sewer.

**Edge Milling/Tempering Line: (offline process north end of plant)**
This is done upon customer request in offline stations from main production areas. The edge mill process uses sodium bicarbonate as a coolant. After edge milling, the glass goes to tempering, which uses RO water; all reject water goes to the sanitary sewer. All glass that is edge milled has to go through the tempering process. During the inspection held on December 09, 2019, it was disclosed that the tempering area is not in service on Mondays for maintenance purposes; instead, it is run for 4 days for 12 hours per day.

**MSVD Coating Low E (sputtering): (offline process northeast end of plant)**
Glass is cleaned using deionized, RO, and UV treated water then passed through pressure chambers in which very small amounts of metal are sputtered onto it in several steps using electricity. No wastewater is produced in this area; it is all a closed loop system. Tin, silver, and zinc are the main metals during MSVD coating. There is also a testing area that uses citric acid solution to determine if the coating will come off. They also coat the metal surface with plastic or use a hair spray material to protect the coating during shipment.

**Deep Tank: (lower basement)**
This area gets water from the manufacturing processes on the floors above. This water is pumped up to the frit pit then used in the furnace. Vitro is currently looking at treatment so that all the water can be used. In 2015, the deep tank water was pumped to the frit pit then to the furnace/batch.

**Frit Pit:**
The main function of the frit pit is to drain the frit, which is broken/granulated glass, from the furnaces when they need to be rebuilt. At Vitro, such an operation occurs roughly every decade. The frit pit is also used to accumulate water from different sources: the deep tank, occasional groundwater flow from the basement, and disruptions with cooling water in the green line.

**Cooling System:**
Tall towers do not use water; they just circulate it. Short towers actually do the cooling, so water is evaporated and have to be replenished. Vitro uses bromide as an algaecide in the cooling towers. Blow down from the cooling towers is the main source of wastewater from Vitro to NSPOTW. In 2015, Vitro started using reuse water from the NSPTOW in all cooling towers. Vitro is looking at using this blow down in the furnace.

**Maintenance:**

Vitro has its own maintenance area for its vehicles and buildings. The area has a wash bay (outside) that is connected to an oil/water separator. The maintenance area also has a satellite area for hazardous waste.

**Recycle:**
Vitro recycles glass, water, cardboard, plastic, steel, batteries, and cooper.

**Hazardous Waste Produced:**
Vitro generated hazardous waste from the floor sweep process, emersion cleaner (10-12 weeks), and regenerator slag (Line 1 does not generate this waste from the $O_2$ furnace, but Line 2 does).

**Battery Storage:**
Batteries that are used for the rolling stock such as the forklifts are stored in an area in the ware room. The dust build up on the top of the batteries are washed with tap water over a designated area with a drain that leads directly to the sanitary sewer. If the batteries are damaged or leaking however, employees are instructed never to rinse them over the drain; instead, they are sent off for repairs.

**Hazardous Storage (90 day):**
Hazardous storage is located behind the maintenance area. It is fenced, has a berm, and labeled with signs indicating where everything should be placed.

**Cleaning Service:**
Cleaning is done by contract workers.

**Contract Workers:**
Contract workers are all educated on P2 issues. Mr. Gagne stated that part of the contract they signed mandates that training be given to them by Vitro or an authorized outside source.

**$O_2$ Nitrogen Facility: (south of the plant)**
This facility is a contract company with Vitro and discharges to Vitro's outfall that is designated by the IU Permit. They produce $O_2$ so the furnaces burn more efficiently. The nitrogen is produced to replace the $O_2$ in the molten glass process.

**NSPOTW Reuse water:**
Vitro has an earthen holding pond (not lined) to store water from NSPOTW. This water enters the pond then is pumped using sump pumps to a filter house then to the cooling towers. Vitro stated that all water from NSPOTW is used in the cooling system.

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

The City of Wichita Falls (CN600129316) operates the City of Wichita Falls Northside wastewater treatment plant (RN101611051), an Extended Aeration/Race Tracks with mechanical (rotors) aerators. The facility is located at 6285 Burburnett Road, in the City of Wichita Falls, Wichita County, Texas 76306.

This application is for a renewal to discharge at an annual average flow of 1,500,000 gallons per day of treated domestic wastewater via Outfalls 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen ($NH_3$-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by Bar screens & mechanical grinder followed by Extended Aeration/Race Tracks with mechanical (rotors) aerators. Final clarification is followed by chlorine contact basin with re-aeration then de-chlorination. Sludge is processed to sand drying beds to facilitate drying for landfill disposal.

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

La ciudad de Wichita Falls (CN600129316) opera la planta de tratamiento de aguas residuales (RN101611051) de la ciudad de Wichita Falls Northside, una pista de carreras / aireación extendida con aireadores mecánicos (rotores). La instalación está ubicada en 6285 Burburnett Road, en la ciudad de Wichita Falls, condado de Wichita, Texas 76306.

Esta solicitud es para una renovación para descargar a un flujo promedio anual de 1,500,000 galones por día de aguas residuales domésticas tratadas a través de los emisarios 001.

Se espera que las descargas de la instalación contengan una demanda bioquímica carbonosa de oxígeno (CBOD5) de cinco días, sólidos suspendidos totales (TSS), nitrógeno amoniacal (NH3-N) y Escherichia coli. En la sección 7 del Informe Técnico Doméstico 1.0 se incluyen contaminantes potenciales adicionales. Análisis de Contaminantes de Efluentes Tratados y Hoja de Trabajo Doméstico 4.0 en el paquete de solicitud de permisos.

Las aguas residuales domésticas se tratan mediante cribas de barras y trituradoras mecánicas, seguidas de aireación extendida / pistas de carreras con aireadores mecánicos (rotores). La clarificación final es seguida por la cuenca de contacto con cloro con reaireación y luego decloración. Los lodos se procesan en lechos de secado de arena para facilitar el secado para su eliminación en vertederos.


***Legend***

- 1 Mile Radius
- Applicant Property Boundry
- Treatment Plant Boundry
- 3 River Miles
- Outfall

Attachment A

# North Side Waste WaterTreatment Plant
# WQ0010509-005

## Treatment Plant

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SCALE
1:24,000

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**TCEQ USE ONLY:**

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Wichita Falls

   Permit No. WQ00 10509005 EPA ID No. TX 0084557

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

   6285 Burkburnett Road, Wichita Falls, Texas 76306 Wichita County

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

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

First and Last Name: Bill Thornton

Credential (P.E, P.G., Ph.D., etc.): Click here to enter text.

Title: Operations Supervisor

Mailing Address: PO Box 1431

City, State, Zip Code: Wichita Falls, TX 76307

Phone No.: 903-397-2540 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: bill.thornton@wichitafallstx.gov

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

N/A

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

From a 15" diameter pipe; thence to Bear Creek; thence to Wichita River below Lake Diversion in Segment No. 0214 of the Red River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: City of Wichita Falls

PERMIT NUMBER (If new, leave blank): WQ00 10509005

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

| | Y | N | | Y | N |
|---|---|---|---|---|---|
| Administrative Report 1.0 | ☒ | ☐ | Original USGS Map | ☒ | ☐ |
| Administrative Report 1.1 | ☐ | ☒ | Affected Landowners Map | ☐ | ☒ |
| SPIF | ☒ | ☐ | Landowner Disk or Labels | ☐ | ☒ |
| Core Data Form | ☒ | ☐ | Buffer Zone Map | ☐ | ☒ |
| Public Involvement Plan Form | ☐ | ☒ | Flow Diagram | ☒ | ☐ |
| Technical Report 1.0 | ☒ | ☐ | Site Drawing | ☒ | ☐ |
| Technical Report 1.1 | ☐ | ☒ | Original Photographs | ☐ | ☒ |
| Worksheet 2.0 | ☒ | ☐ | Design Calculations | ☐ | ☒ |
| Worksheet 2.1 | ☐ | ☒ | Solids Management Plan | ☐ | ☒ |
| Worksheet 3.0 | ☐ | ☒ | Water Balance | ☐ | ☒ |
| Worksheet 3.1 | ☐ | ☒ | | | |
| Worksheet 3.2 | ☐ | ☒ | | | |
| Worksheet 3.3 | ☐ | ☒ | | | |
| Worksheet 4.0 | ☒ | ☐ | | | |
| Worksheet 5.0 | ☒ | ☐ | | | |
| Worksheet 6.0 | ☒ | ☐ | | | |
| Worksheet 7.0 | ☐ | ☒ | | | |

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 ☐ | $315.00 ☐ |
| ≥0.05 but <0.10 MGD | $550.00 ☐ | $515.00 ☐ |
| ≥0.10 but <0.25 MGD | $850.00 ☐ | $815.00 ☐ |
| ≥0.25 but <0.50 MGD | $1,250.00 ☐ | $1,215.00 ☐ |
| ≥0.50 but <1.0 MGD | $1,650.00 ☐ | $1,615.00 ☐ |
| ≥1.0 MGD | $2,050.00 ☐ | $2,015.00 ☒ |

Minor Amendment (for any flow) $150.00 ☐

**Payment Information:**

Mailed — Check/Money Order Number: Click to enter text.

Check/Money Order Amount: $2015

Name Printed on Check: Click to enter text.

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

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

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

**f. For existing permits**:

Permit Number: WQ00 10509005

EPA I.D. (TPDES only): TX 0084557

Expiration Date: December 28, 2025

## Section 3. Facility Owner (Applicant) and Co-Applicant 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 Wichita Falls

*(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: 600129316

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: Thornton, Bill

Title: Operations Supervisor 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. A-1

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

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

**A.** Prefix: Mrs. Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Road, Suite 513 City, State, Zip Code: Houston, TX 77072

Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

Check one or both: ☒ Administrative Contact ☒ Technical Contact

**B.** Prefix: Mr. Last Name, First Name: Thornton, Bill

Title: Operations Supervisor Credential: Click to enter text.

Organization Name: City of Wichita Falls

Mailing Address: PO Box 1431 City, State, Zip Code: Wichita Falls, TX 76307

Phone No.: 940-397-2540 E-mail Address: bill.thornton@wichitafallstx.gov

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: Mrs. Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Road, Suite 513 City, State, Zip Code: Houston, TX 77072

Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

**B.** Prefix: Mr. Last Name, First Name: Thornton, Bill

Title: Operations Supervisor Credential: Click to enter text.

Organization Name: City of Wichita Falls

Mailing Address: PO Box 1431 City, State, Zip Code: Wichita Falls, TX 76307

Phone No.: 940-397-2540 E-mail Address: bill.thornton@wichitafallstx.gov

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

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

Prefix: Ms. Last Name, First Name: Babineaux, Jennifer

Title: Purchasing Agent Credential: Click to enter text.

Organization Name: City of Wichita Falls

Mailing Address: 705 8th St., 1st Flr. City, State, Zip Code: Wichita Falls, TX 76301

Phone No.: 940-761-7468 E-mail Address: Jennifer.babineaux@wichitafallstx.gov

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

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

Prefix: Mr. Last Name, First Name: Thornton, Bill

Title: Operations Supervisor Credential:

Organization Name: City of Wichita Falls

Mailing Address: PO Box 1431 City, State, Zip Code: Wichita Falls, TX 76305

Phone No.: E-mail Address: bill.thornton@wichitafallstx.gov

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

**A. Individual Publishing the Notices**

Prefix: Mrs. Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Road, Suite 513 City, State, Zip Code: Houston, TX 77072

Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

**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: Mrs. Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Road, Suite 513 City, State, Zip Code: Houston, TX 77072

Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

**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: Wichita Falls Public Library

Location within the building: front desk

Physical Address of Building: 600 11th Street

City: Wichita Falls County: Wichita County

Contact (Last Name, First Name): Click to enter text.

Phone No.: 940-676-0868 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

**F. Plain Language Summary Template**

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

**Attachment:** A-2

**G. Public Involvement Plan Form**

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

**Attachment:** N/A

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

**A.** If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101611051

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):

Northside Wastewater Treatment Facility

**C.** Owner of treatment facility: City of Wichita Falls

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

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: City of Wichita Falls

Mailing Address: PO Box 1431 City, State, Zip Code: Wichita Falls, TX 76307

Phone No.: 940-761-7601 E-mail Address: Click to enter text.

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

**Attachment:** Click to enter text.

**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

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): Wichita Falls

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

**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:

Click to enter text.

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

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

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

**E.** Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

## Section 13. Attachments (Instructions Page 33)

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

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

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

- Applicant's property boundary
- 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: Core Data Form, Site Drawing, Flow Diagram, Copy of Check

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

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

Permit Number: WQ0010509-005

Applicant: City of Wichita Falls

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): Bill Thornton

Signatory title: Operations Supervisor

Signature:_____ Date:_____

(Use blue ink)

Subscribed and Sworn to before me by the said_____

on this_____ day of_____, 20_____.

My commission expires on the_____ day of_____, 20_____.

_____

Notary Public *[SEAL]*

_____

County, Texas

# 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: Click to enter text.

**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):

## 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:** A-3

# 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:** WQ0010509005

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: $2,015
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: City of Wichita Falls Northside Plant

   Physical Address of Project or Site: 6285 BURKBURNETT RD, WICHITA FALLS TX 76301

   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): Click to enter text.

Full legal name (Last Name, First Name, Middle Initial): Click to enter text.

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

Phone Number: Click to enter text. Fax Number: Click to enter text.

E-mail Address: Click to enter text.

CN: Click to enter text.

**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

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): 1.5

2-Hr Peak Flow (MGD): 2.99

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

**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): 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.

**D. Current Operating Phase**

Provide the startup date of the facility: 1982

## 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**.

Bar screens & mechanical grinder followed by Extended Aeration/Race Tracks with mechanical (rotors) aerators. Final clarification is followed by chlorine contact basin with re-aeration then de-chlorination. Sludge is processed to sand drying beds to facilitate drying for landfill disposal.

### B. Treatment Units

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

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

| Treatment Unit Type | Number of Units | Dimensions (L x W x D) |
|---|---|---|
| Bar Screen | 2 | 10' L x 18" W x 30" D |
| Oxidation Ditch | 2 | 336'8" L x 38" W x 7" D |
| Final Clarifier | 2 | 47' Dia. x 12' Deep |
| Final Clarifier | 1 | 50' Dia. x 12'8" Deep |
| New Chlorine Contact Basin | 1 | 28' L x 11'3" W x 4' D |
| Old Chlorine Contact Basin | 1 | 32' L x 25' W x 8' D |

### C. Process Flow Diagram

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

**Attachment**: T-1

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

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

- Latitude: 33°59'48"
- Longitude: -98°30'57"

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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**: T-2

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

| |
|---|
| Northside Treatment Plant serves the Northern edges of the City of Wichita Falls. Primarily East off of I-44 and to the South of Bacon Switch Road. |

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 |
|---|---|---|---|
| Northside WWTP | City of Wichita Falls | Publicly Owned | |
| | | Choose an item. | |
| | | Choose an item. | |
| | | Choose an item. | |

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

| |
|---|
| Click to enter text. |

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

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

### A. Summary transmittal

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

☒ Yes ☐ No

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

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

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.

Click to enter text.

## 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*.

Click to enter text.

## D. Grit and grease treatment

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

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

☐ Yes ☒ No

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

### *2. Grit and grease processing*

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

Click to enter text.

### *3. Grit disposal*

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

### 4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

## E. Stormwater management

### 1. *Applicability*

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

### 2. *MSGP coverage*

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

☒ Yes ☐ No

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

TXR05 Y564 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 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 $BOD_5$ concentration of the sludge, and the design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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.

### *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 $BOD_5$ concentration of the septic waste, and the design $BOD_5$ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|---|---|---|---|---|---|
| $CBOD_5$, mg/l | | | | | |
| Total Suspended Solids, mg/l | | | | | |
| Ammonia Nitrogen, mg/l | | | | | |
| Nitrate Nitrogen, mg/l | | | | | |
| Total Kjeldahl Nitrogen, mg/l | | | | | |
| Sulfate, mg/l | | | | | |
| Chloride, mg/l | | | | | |
| Total Phosphorus, mg/l | | | | | |
| pH, standard units | | | | | |
| Dissolved Oxygen*, mg/l | | | | | |
| Chlorine Residual, mg/l | | | | | |
| *E.coli* (CFU/100ml) freshwater | | | | | |
| Entercocci (CFU/100ml) saltwater | | | | | |
| Total Dissolved Solids, mg/l | | | | | |
| Electrical Conductivity, µmohs/cm, † | | | | | |
| Oil & Grease, mg/l | | | | | |
| Alkalinity ($CaCO_3$)*, mg/l | | | | | |

*TPDES permits only
†TLAP permits only

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|---|---|---|---|---|---|
| Total Suspended Solids, mg/l | N/A | N/A | N/A | N/A | N/A |
| Total Dissolved Solids, mg/l | N/A | N/A | N/A | N/A | N/A |
| pH, standard units | N/A | N/A | N/A | N/A | N/A |
| Fluoride, mg/l | N/A | N/A | N/A | N/A | N/A |
| Aluminum, mg/l | N/A | N/A | N/A | N/A | N/A |
| Alkalinity ($CaCO_3$), mg/l | N/A | N/A | N/A | N/A | N/A |

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

Facility Operator Name: Bill Thornton

Facility Operator's License Classification and Level: Click to enter text.

Facility Operator's License Number: Click to enter text.

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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

### C. Biosolids Management

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

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

**Biosolids Management**

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

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

### D. Disposal site

Disposal site name: City of Wichita Falls Municipal Landfill (Wiley Road)

TCEQ permit or registration number: 1428A

County where disposal site is located: Wichita

### E. Transportation method

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

Name of the hauler: City of Wichita Falls

Hauler registration number: 21491

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

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

☐ Yes ☒ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

- Original General Highway (County) Map:

  **Attachment**: Click to enter text.
- USDA Natural Resources Conservation Service Soil Map:

  **Attachment**: Click to enter text.
- Federal Emergency Management Map:

  **Attachment**: Click to enter text.
- Site map:

  **Attachment**: Click to enter text.

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

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

**Attachment**: Click to enter text.

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

Click to enter text.

**B. Temporary storage information**

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

Nitrate Nitrogen, mg/kg: Click to enter text.

Total Kjeldahl Nitrogen, mg/kg: Click to enter text.

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

**C. Liner information**

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

☐ Yes ☐ No

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

Click to enter text.

**D. Site development plan**

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

Click to enter text.

Attach the following documents to the application.

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

  **Attachment**: Click to enter text.
- Copy of the closure plan

  **Attachment**: Click to enter text.
- Copy of deed recordation for the site

  **Attachment**: Click to enter text.
- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

  **Attachment**: Click to enter text.
- Description of the method of controlling infiltration of groundwater and surface water from entering the site

  **Attachment**: Click to enter text.
- Procedures to prevent the occurrence of nuisance conditions

  **Attachment**: Click to enter text.

**E. Groundwater monitoring**

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

☐ Yes ☐ No

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

**Attachment:** Click to enter text.

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

### A. Additional authorizations

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

☒ Yes ☐ No

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

Type 1 and Type 2 Reuse Authorization R10509-005

### 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:

Click to enter text.

## 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: Bill Thornton

Title: Operations Supervisor

Signature: _____

Date: _____

# 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.

Click to enter text.

### B. Regionalization of facilities

For additional guidance, please review TCEQ's Regionalization Policy for Wastewater Treatment[1].

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

[1] 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**: Click to enter text.

**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**: Click to enter text.

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): Click to enter text.

Average Influent Organic Strength or $BOD_5$ Concentration in mg/l: Click to enter text.

Average Influent Loading (lbs/day = total average flow X average $BOD_5$ conc. X 8.34): Click to enter text.

Provide the source of the average organic strength or $BOD_5$ concentration.

Click to enter text.

### 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 BOD5 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 | | |
| TOTAL FLOW from all sources | | |
| AVERAGE $BOD_5$ 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: 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.

**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: 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.

**D. Disinfection Method**

Identify the proposed method of disinfection.

☐ Chlorine: Click to enter text. mg/l after Click to enter text. 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: Click to enter text.

## 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**: Click to enter text.

## 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.

Click to enter text.

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

Click to enter text.

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: Click to enter text.

## 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:** Click to enter text.

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.

# 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 it Section 2. **If yes**, provide the following:

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

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

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

**Attachment**: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: Click to enter text.

### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

Click to enter text.

### C. Sea grasses

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

☐ Yes ☐ No

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

Click to enter text.

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

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: Click to enter text.

### 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.

Click to enter text.

### 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.

Click to enter text.

### E. Normal dry weather characteristics

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

Upstream is dry with no flowing or standing water

Date and time of observation: 2/27/25

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.

☐ Oil field activities
☐ Urban runoff
☐ Upstream discharges
☒ Agricultural runoff
☐ Septic tanks
☐ Other(s), specify: Click to enter text.

**B. Waterbody uses**

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

- ☐ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☒ Other(s), specify: Drainage

**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**<br>Select riffle, run, glide, or pool. See Instructions, Definitions section. | **Transect location** | **Water surface width (ft)** | **Stream depths (ft)**<br>at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas. |
|---|---|---|---|
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |

## 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.

# 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:

- ☐ Surface application
- ☐ Irrigation
- ☐ Drip irrigation system
- ☐ Evaporation
- ☐ Subsurface application
- ☐ Subsurface soils absorption
- ☐ Subsurface area drip dispersal system
- ☐ Evapotranspiration beds
- ☐ Other (describe in detail): Click to enter text.

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 |
|---|---|---|---|
| | | | |
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## 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 |
|---|---|---|---|---|
| | | | | |
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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:

Click to enter text.

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 |
|---|---|---|---|---|
| | | | Choose an item. | |
| | | | Choose an item. | |
| | | | Choose an item. | |
| | | | Choose an item. | |
| | | | 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 |
|---|---|---|---|---|
| | | | | |
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## Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☐ Yes ☐ No

**If no**, this section is not applicable and the worksheet is complete.

**If yes**, provide the effluent monitoring data for the parameters regulated in the existing permit. If a parameter is not regulated in the existing permit, enter N/A.

**Table 3.0(5) – Effluent Monitoring Data**

| Date | 30 Day Avg Flow MGD | BOD5 mg/l | TSS mg/l | pH | Chlorine Residual mg/l | Acres irrigated |
|---|---|---|---|---|---|---|
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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 $BOD_5$ loading rate, in lbs $BOD_5$/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:** Click to enter text.

# 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.

# 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 |
| Diuron | | | | 0.09 |

| Pollutant | AVG Effluent Conc. (µg/l) | MAX Effluent Conc. (µg/l) | Number of Samples | MAL (µg/l) |
|---|---|---|---|---|
| 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 |
| Pentachlorobenzene | | | | 20 |
| Pentachlorophenol | | | | 5 |

| Pollutant | AVG Effluent Conc. (µg/l) | MAX Effluent Conc. (µg/l) | Number of Samples | MAL (µg/l) |
|---|---|---|---|---|
| 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 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 |
|---|---|---|---|
| Attachment T-8 | | | |
| | | | |
| | | | |
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# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

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

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 2

Average Daily Flows, in MGD: 0.2221

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

### B. Treatment plant interference

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

☐ Yes ☒ No

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

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.

## 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 |
|---|---|---|---|---|
| Attachment T-5 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

### 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: US Dept of the Air Force NS

SIC Code: 9711

Contact name: Terry James

Address: 82 CES/Vectrus/CEIV 231 9th Ave., Bldg. 1402

City, State, and Zip Code: Sheppard Air Force Base, TX 76311

Telephone number: 940-851-4225

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).

Sheppard AFB Northside is a military training facility within the Air Education and Training Command. The training provided includes classroom and hands-on technical training undergraduate pilot and pilot instruction training, with follow-on flight training.

### C. Product and service information

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

Sheppard AFB does not produce a product they produced trained pilots and technicians for the AFB approximately 60,000 airmen a year are trained at SAFB. An agreement was made with SAFB to discharge to the City of Wichita Falls WWTP as long as SAFB would apply and receive an industrial pretreatment permit.

### D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 64,000

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: 7,400

Discharge Type: ☒ Continuous ☐ Batch ☐ Intermittent

## E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *i*nstructions?

☒ 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.

# 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 WTTP 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)

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

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

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 2

Average Daily Flows, in MGD: 0.2221

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

### B. Treatment plant interference

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

☐ Yes ☒ No

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

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.

## 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 1.0(1) – Parameters Above the MAL**

| Pollutant | Concentration | MAL | Units | Date |
|---|---|---|---|---|
| Attachment T-6 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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: Vitro Flat Glass LLC Works 4

SIC Code: 3211

Contact name: Daniel Gagne

Address: 7400 Central Freeway, North

City, State, and Zip Code: Wichita Falls, TX 76305

Telephone number: 940-851-4225

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).

Attachment T-7

### C. Product and service information

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

Attachment T-7

### D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 61,000

Discharge Type: ☒ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: 80,500

Discharge Type: ☒ Continuous ☐ Batch ☐ Intermittent

## E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *i*nstructions?

☒ 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. |

**Table 6.0(1) – Parameters Above the MAL – SAFB NS**

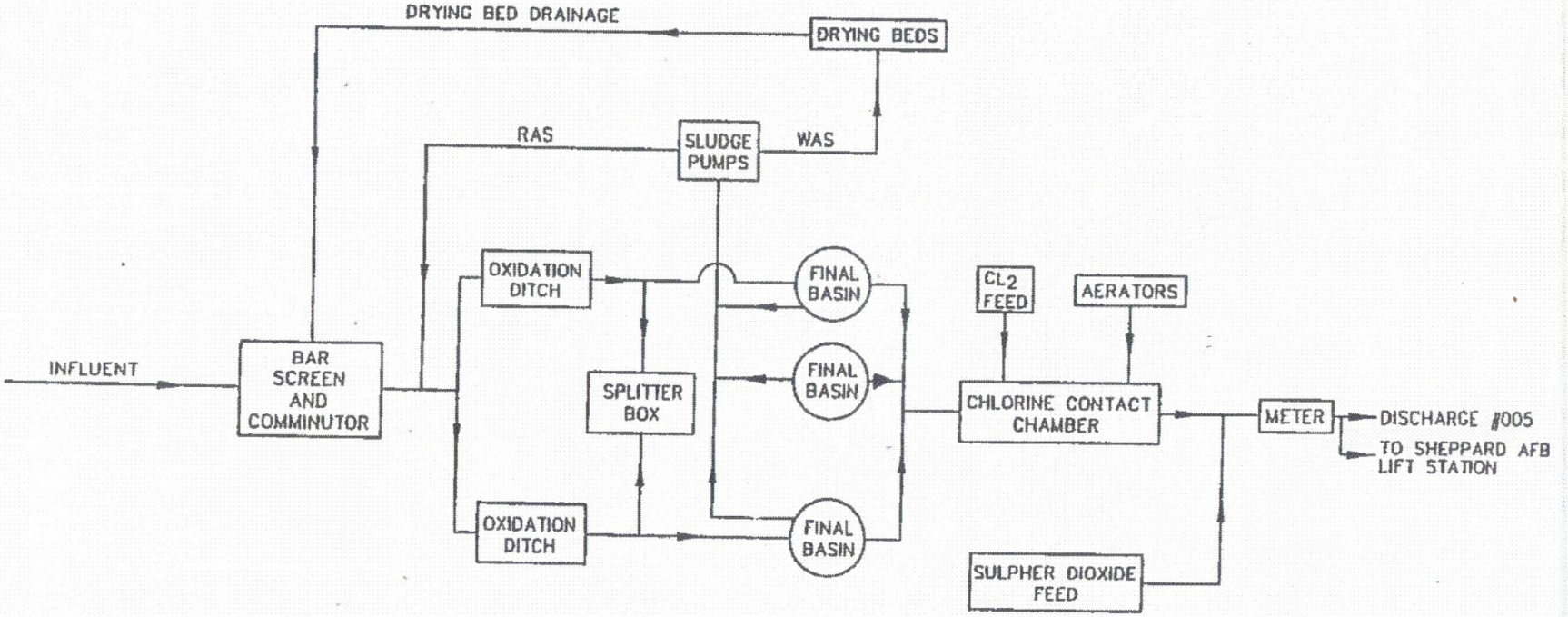
| Pollutant | Concentration | MAL | Units | Date |
|---|---|---|---|---|
| Arsenic, Total | 0.82 | 0.5 | ug/L | 6/14/22 |
| Arsenic, Total | 1.13 | 0.5 | ug/L | 10/5/22 |
| Arsenic, Total | 0.75 | 0.5 | ug/L | 5/31/23 |
| Arsenic, Total | 1.31 | 0.5 | ug/L | 10/25/23 |
| Arsenic, Total | 0.93 | 0.5 | ug/L | 5/22/24 |
| Arsenic, Total | 0.66 | 0.5 | ug/L | 10/29/24 |
| Chromium, Total | 4.62 | 3.0 | ug/L | 10/25/23 |
| Copper, Total | 11.55 | 0.5 | ug/L | 6/14/22 |
| Copper, Total | 14.25 | 0.5 | ug/L | 10/5/22 |
| Copper, Total | 111.0 | 0.5 | ug/L | 5/31/23 |
| Copper, Total | 19.70 | 0.5 | ug/L | 10/25/23 |
| Copper, Total | 8.20 | 0.5 | ug/L | 5/22/24 |
| Copper, Total | 10.10 | 0.5 | ug/L | 10/29/24 |
| Lead, Total | 0.75 | 0.5 | ug/L | 6/14/22 |
| Lead, Total | 1.83 | 0.5 | ug/L | 10/5/22 |
| Lead, Total | 9.0 | 0.5 | ug/L | 5/31/23 |
| Lead, Total | 1.29 | 0.5 | ug/L | 10/25/23 |
| Lead, Total | 0.59 | 0.5 | ug/L | 5/22/24 |
| Lead, Total | 0.55 | 0.5 | ug/L | 10/29/24 |
| Mercury, Total | 0.06 | 0.0005 | ug/L | 10/25/23 |
| Mercury, Total | 0.10 | 0.0005 | ug/L | 5/22/24 |
| Nickel, Total | 4.26 | 0.5 | ug/L | 6/14/22 |
| Nickel, Total | 5.38 | 0.5 | ug/L | 10/5/22 |
| Nickel, Total | 3.40 | 0.5 | ug/L | 5/31/23 |
| Nickel, Total | 5.69 | 0.5 | ug/L | 10/25/23 |
| Nickel, Total | 2.53 | 0.5 | ug/L | 5/22/24 |
| Nickel, Total | 1.85 | 0.5 | ug/L | 10/29/24 |
| Phenols, Total | 10.0 | 10.0 | ug/L | 6/14/22 |
| Phenols, Total | 10.0 | 10.0 | ug/L | 5/31/23 |
| Phenols, Total | 10.0 | 10.0 | ug/L | 10/25/23 |
| Phenols, Total | 10.0 | 10.0 | ug/L | 5/22/24 |
| Phenols, Total | 10.0 | 10.0 | ug/L | 10/29/24 |
| Zinc, Total | 90.61 | 5.0 | ug/L | 6/14/22 |
| Zinc, Total | 56.17 | 5.0 | ug/L | 10/5/22 |
| Zinc, Total | 54.40 | 5.0 | ug/L | 5/31/23 |
| Zinc, Total | 68.70 | 5.0 | ug/L | 10/25/23 |
| Zinc, Total | 29.10 | 5.0 | ug/L | 5/22/24 |
| Zinc, Total | 38.50 | 5.0 | ug/L | 10/29/24 |

**Table 6.0(1) – Parameters Above the MAL – Vitro**

| Pollutant | Concentration | MAL | Units | Date |
|---|---|---|---|---|
| Arsenic, Total | 1.35 | 0.5 | ug/L | 6/16/22 |
| Arsenic, Total | 1.78 | 0.5 | ug/L | 11/16/22 |
| Arsenic, Total | 2.47 | 0.5 | ug/L | 6/14/23 |
| Arsenic, Total | 2.39 | 0.5 | ug/L | 10/31/23 |
| Arsenic, Total | 2.10 | 0.5 | ug/L | 5/29/24 |
| Arsenic, Total | 1.85 | 0.5 | ug/L | 10/31/24 |
| Barium, Total | 48.62 | 3.0 | ug/L | 11/16/22 |
| Chromium, Total | 5.00 | 3.0 | ug/L | 11/11/22 |
| Chromium, Total | 3.42 | 3.0 | ug/L | 11/16/22 |
| Chromium, Total | 4.0 | 3.0 | ug/L | 4/28/23 |
| Chromium, Total | 3.0 | 3.0 | ug/L | 4/29/23 |
| Chromium, Total | 5.0 | 3.0 | ug/L | 11/10/23 |
| Chromium, Total | 5.0 | 3.0 | ug/L | 11/11/23 |
| Chromium, Total | 26.0 | 3.0 | ug/L | 4/15/24 |
| Chromium, Total | 23.0 | 3.0 | ug/L | 4/16/24 |
| Chromium, Total | 36.0 | 3.0 | ug/L | 4/17/24 |
| Chromium, Total | 21.9 | 3.0 | ug/L | 5/29/24 |
| Chromium, Total | 4.78 | 3.0 | ug/L | 10/31/24 |
| Chromium, Total | 5.53 | 3.0 | ug/L | 12/6/24 |
| Chromium, Total | 6.31 | 3.0 | ug/L | 12/7/24 |
| Chromium, Total | 4.21 | 3.0 | ug/L | 12/8/24 |
| Copper, Total | 23.73 | 2.0 | ug/L | 6/16/22 |
| Copper, Total | 20.11 | 2.0 | ug/L | 11/16/22 |
| Copper, Total | 28.20 | 2.0 | ug/L | 6/14/23 |
| Copper, Total | 17.60 | 2.0 | ug/L | 10/31/23 |
| Copper, Total | 29.70 | 2.0 | ug/L | 5/29/24 |
| Copper, Total | 28.30 | 2.0 | ug/L | 10/31/24 |
| Lead, Total | 2.0 | 0.5 | ug/L | 11/11/22 |
| Lead, Total | 0.7 | 0.5 | ug/L | 11/12/22 |
| Lead, Total | 1.0 | 0.5 | ug/L | 11/12/22 |
| Lead, Total | 0.6 | 0.5 | ug/L | 11/16/22 |
| Lead, Total | 0.53 | 0.5 | ug/L | 4/28/23 |
| Lead, Total | 0.69 | 0.5 | ug/L | 10/31/23 |
| Lead, Total | 0.756 | 0.5 | ug/L | 11/10/23 |
| Lead, Total | 0.96 | 0.5 | ug/L | 11/11/23 |
| Lead, Total | 1.01 | 0.5 | ug/L | 4/15/24 |
| Lead, Total | 0.64 | 0.5 | ug/L | 4/16/24 |
| Lead, Total | 1.50 | 0.5 | ug/L | 4/17/24 |
| Lead, Total | 1.46 | 0.5 | ug/L | 5/29/24 |
| Lead, Total | 0.90 | 0.5 | ug/L | 10/31/24 |
| Lead, Total | 1.28 | 0.5 | ug/L | 12/6/24 |
| Lead, Total | 1.16 | 0.5 | ug/L | 12/7/24 |
| Lead, Total | 0.8 | 0.5 | ug/L | 12/8/24 |

| Pollutant | Concentration | MAL | Units | Date |
|---|---|---|---|---|
| Mercury, Total | 0.09 | 0.0005 | ug/L | 6/16/22 |
| Mercury, Total | 0.70 | 0.0005 | ug/L | 5/29/24 |
| Nickel, Total | 3.94 | 0.5 | ug/L | 6/16/22 |
| Nickel, Total | 3.50 | 0.5 | ug/L | 11/16/22 |
| Nickel, Total | 4.38 | 0.5 | ug/L | 6/14/23 |
| Nickel, Total | 4.17 | 0.5 | ug/L | 10/31/23 |
| Nickel, Total | 4.16 | 0.5 | ug/L | 5/29/24 |
| Nickel, Total | 7.59 | 0.5 | ug/L | 10/31/24 |
| Phenols, Total | 33.4 | 10.0 | ug/L | 6/16/22 |
| Phenols, Total | 10.0 | 10.0 | ug/L | 10/31/24 |
| Selenium, Total | 2.15 | 5.0 | ug/L | 6/16/22 |
| Selenium, Total | 9.15 | 5.0 | ug/L | 11/16/22 |
| Selenium, Total | 10.0 | 5.0 | ug/L | 11/11/22 |
| Selenium, Total | 8.00 | 5.0 | ug/L | 11/12/22 |
| Selenium, Total | 7.0 | 5.0 | ug/L | 11/13/22 |
| Selenium, Total | 1.44 | 5.0 | ug/L | 6/14/23 |
| Selenium, Total | 4.11 | 5.0 | ug/L | 10/31/23 |
| Selenium, Total | 7.0 | 5.0 | ug/L | 4/15/24 |
| Selenium, Total | 13.3 | 5.0 | ug/L | 5/29/24 |
| Silver, Total | 0.81 | 0.5 | ug/L | 5/29/24 |
| Zinc, Total | 611 | 5.0 | ug/L | 5/14/22 |
| Zinc, Total | 183 | 5.0 | ug/L | 5/15/22 |
| Zinc, Total | 45.78 | 5.0 | ug/L | 6/16/22 |
| Zinc, Total | 205 | 5.0 | ug/L | 11/11/22 |
| Zinc, Total | 77.90 | 5.0 | ug/L | 11/12/22 |
| Zinc, Total | 72.80 | 5.0 | ug/L | 11/13/22 |
| Zinc, Total | 57.98 | 5.0 | ug/L | 11/16/22 |
| Zinc, Total | 133 | 5.0 | ug/L | 4/28/23 |
| Zinc, Total | 105 | 5.0 | ug/L | 4/29/23 |
| Zinc, Total | 75.60 | 5.0 | ug/L | 4/30/23 |
| Zinc, Total | 28.90 | 5.0 | ug/L | 6/14/23 |
| Zinc, Total | 24.80 | 5.0 | ug/L | 10/31/24 |
| Zinc, Total | 118 | 5.0 | ug/L | 11/10/23 |
| Zinc, Total | 152 | 5.0 | ug/L | 11/11/23 |
| Zinc, Total | 99.70 | 5.0 | ug/L | 11/12/23 |
| Zinc, Total | 184 | 5.0 | ug/L | 4/15/24 |
| Zinc, Total | 102 | 5.0 | ug/L | 4/16/24 |
| Zinc, Total | 260 | 5.0 | ug/L | 4/17/24 |
| Zinc, Total | 57.40 | 5.0 | ug/L | 5/29/24 |
| Zinc, Total | 61.20 | 5.0 | ug/L | 10/31/24 |
| Zinc, Total | 223 | 5.0 | ug/L | 12/6/24 |
| Zinc, Total | 91.10 | 5.0 | ug/L | 12/7/24 |
| Zinc, Total | 13.50 | 5.0 | ug/L | 12/8/24 |

# SCHEMATIC OF WASTEWATER FLOW



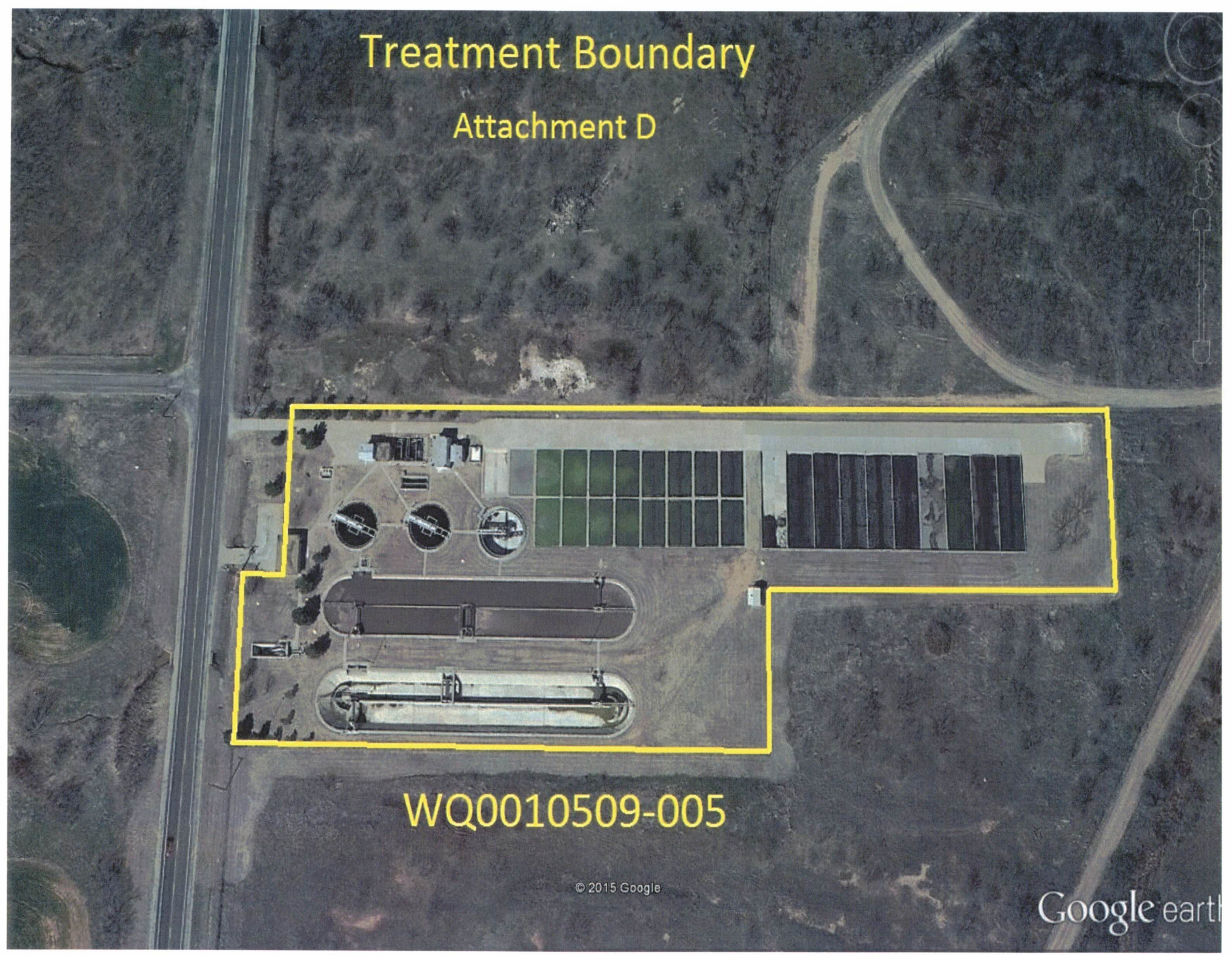

Attachment B

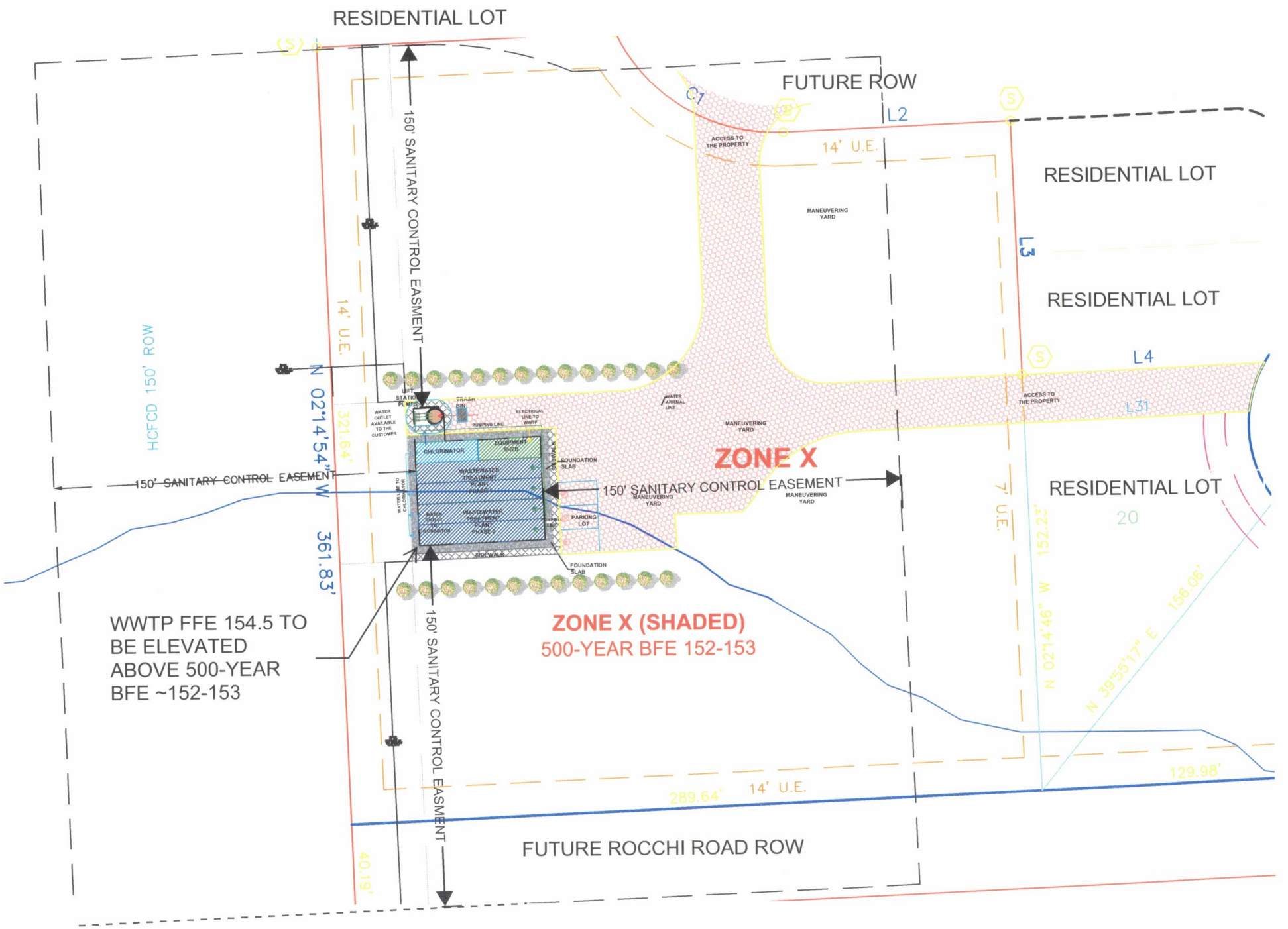
CITY OF WICHITA FALLS
NORTHSIDE WASTEWATER
TREATMENT PLANT (TX0084557)
WICHITA FALLS, TEXAS

PAGE 1 OF 1 PAGES

City of Wichita Falls Permit Renewal
Northside Wastewater Treatment Plant
Permit # WQ0010509-005
P.O. Box 1431
Wichita Falls, Texas 76307


Area Served
Attachment C
Sheppard AFB
WQ0010509-005


Treatment Boundary
Attachment D
WQ0010509-005
© 2015 Google
Google earth


RESIDENTIAL LOT
FUTURE ROW
C7
L2
14' U.E.
RESIDENTIAL LOT
150' SANITARY CONTROL EASEMENT
ACCESS TO THE PROPERTY
MANEUVERING YARD
L3
RESIDENTIAL LOT
HCFCD 150' ROW
14' U.E.
L4
L31
ACCESS TO THE PROPERTY
N 02°14'54" W
321.64'
LIFT STATION PUMPS
TRASH BIN
WATER ARENAL LINE
WATER OUTLET AVAILABLE TO THE CUSTOMER
PUMPING LINE
ELECTRICAL LINE TO WWTP
MANEUVERING YARD
ZONE X
CHLORINATOR
EQUIPMENT SHED
SIDEWALK
FOUNDATION SLAB
150' SANITARY CONTROL EASEMENT
WASTEWATER TREATMENT PLANT PHASE 1
MANEUVERING YARD
MANEUVERING YARD
7' U.E.
RESIDENTIAL LOT
20
PARKING LOT
361.83'
WWTP FFE 154.5 TO BE ELEVATED ABOVE 500-YEAR BFE ~152-153
ZONE X (SHADED)
500-YEAR BFE 152-153
150' SANITARY CONTROL EASEMENT
N 02°14'46" W 152.23'
N 39°55'17" E 156.06'
129.98'
289.64'
14' U.E.
FUTURE ROCCHI ROAD ROW
40.19'

**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: Mrs. Last Name, First Name: Butcko, Robin

Title: Senior Wastewater Consultant Credential: BBA

Organization Name: Permitting Services, LLC

Mailing Address: 4700 S. Kirkwood Road, Suite 513 City, State, Zip Code: Houston, TX 77072

Phone No.: 713-458-8612 E-mail Address: robin@permittingservices.net

**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: Wichita Falls Public Library

Location within the building: front desk

Physical Address of Building: 600 11th Street

City: Wichita Falls County: Wichita County

Contact (Last Name, First Name): Click to enter text.

Phone No.: 940-676-0868 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

## Francesca Findlay

**From:** Robin Butcko <robin@permittingservices.net>
**Sent:** Friday, June 6, 2025 12:50 PM
**To:** Francesca Findlay
**Cc:** bill.thornton@wichitafallstx.gov
**Subject:** Re: WQ0010509005 City of Wichita Falls

Hello Francesca,
I see no errors or changes in the NORI.
Thanks,
Robin

**Robin Butcko**
**President & CEO**
4700 S. Kirkwood
Road
Suite 513
Houston, TX 77072

713-458-8612
robin@permittingservices.net
www.permittingservices.net

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**From:** Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
**Sent:** Friday, June 6, 2025 8:53 AM
**To:** Robin Butcko <robin@permittingservices.net>
**Cc:** bill.thornton@wichitafallstx.gov <bill.thornton@wichitafallstx.gov>
**Subject:** FW: WQ0010509005 City of Wichita Falls

Dear Ms. Butcko:

The attached Notice of Deficiency letter sent on June 6, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention June 20, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division

512-239-2441
Texas Commission on Environmental Quality


Please consider whether it is necessary to print this e-mail

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