



Administrative Package Cover Page

This file contains the following documents:

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

Summary of Application in Plain Language for TPDES Permit Applicants

Domestic Wastewater TPDES Permit Renewal Application

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

City of Chillicothe (CN600337331) owns and operates City of Chillicothe WWTP (RN102985355), a wastewater treatment plant. The facility is located at 335 Ave. F N Chillicothe, TX 79225. This application is for a renewal to discharge 0.113 million gallons per day of treated domestic wastewater.

This system was designed for influent to enter through a bar screen to a parshall flume before entering an Imhoff tank. The clarified wastewater is then directed to a lift station which pumps to the ponds which operate in series. Effluent from the ponds flows to a chlorine contact chamber and discharged to an unnamed ditched thence to Wanders Creek, thence to the Red River above Pease River. The TPDES discharge outfall latitude and longitude are: (34° 15' 38.9" N, 99° 31' 46.4"W).

Due to drought conditions since the 2020 permit was issued, effluent has not discharged from the settling ponds to the CCT in several years. This is reflected in the operator's DMR submissions to the TCEQ.

Nueva aplicación TPDES de aguas residuales domésticas

Se proporciona el siguiente resumen de esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo exige el Capítulo 39 del Código Administrativo 30 de Texas. 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 Chillicothe (CN600337331) es el dueño y operador de la Planta de Tratamiento de Aguas Residuales de la Ciudad de Chillicothe (RN102985355). La instalación se encuentra en 335 Ave. F N, Chillicothe, TX 79225. Esta solicitud es para la renovación del permiso de descargo de 0.113 millones de galones por día de aguas residuales domésticas tratadas.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010639001

APPLICATION. City of Chillicothe, P.O. Box 546, Chillicothe, Texas 79225, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010639001 (EPA I.D. No. TX0053066) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 131,000 gallons per day. The domestic wastewater treatment facility is located at 335 Avenue F North, near the city of Chillicothe, in Hardeman County, Texas 79225. The discharge route is from the plant site to an unnamed ditch; thence to Wanderers Creek; thence to the Red River Above Pease River. TCEQ received this application on November 24, 2025. The permit application will be available for viewing and copying at Chillicothe City Hall, Reception Desk, 14051 U.S. Highway 287 North, Chillicothe, in Hardeman County, Texas prior to the date this notice is published in the newspaper. The application and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.522777,34.260277&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 Chillicothe at the address stated above or by calling Mr. Juan Granados, Burgess & Niple, Inc., at 205-461-7922.

Issuance Date: December 9, 2025

*Texas Commission on Environmental Quality
Domestic Wastewater Permit Renewal*

**City of Chillicothe
Permit Number WQ0010639001**

**CN 600337331
RN 102985355**

**Chillicothe
Wastewater Treatment Plant
Hardeman County, Texas**

Prepared for:

**City of Chillicothe
P.O. Box 546
Chillicothe, TX 79225**

Prepared by:

**Burgess & Niple, Inc.
235 Ledge Stone Drive
Austin, Texas 78737
(512)432-1000**

November 2025

BURGESS & NIPLE

10801-2 N. Mopac Expressway Suite 340 Austin, TX 78759 | 512.306.9266 | burgessniple.com

Firm Registration No. 10834

November 17, 2025

Texas Commission on Environmental Quality
Water Quality Division
Applications Review and Processing Team (MC148)
Wastewater Permitting Section
P.O. Box 13087
Austin, Texas 78711-3087
239-4671

Re: City of Chillicothe
Texas PWS TX0053066
Hardeman County, Texas
TPDES Permit No. WQ0010639001

To whom it may concern,

Enclosed, please find one unbound original and two (2) copies of the TCEQ Domestic Wastewater Permit Renewal Application for the City of Chillicothe Wastewater Treatment Plant (WQ0010639001). The existing permit is set to expire on May 11, 2026.

The application fee is being submitted under separate cover as requested. If you have any questions or comments regarding the supplemental information, please contact me at (205) 461-7922 or via email at juan.granados@burgessniple.com.

Sincerely,

Juan Granados, E.I.T.
Project Manager

Enclosures: One original and two copies of the TCEQ Domestic Wastewater Permit Renewal Application

Cc: Cathy Young, City of Chillicothe



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Chillicothe

PERMIT NUMBER (If new, leave blank): WQ0010639001

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

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

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: Click to enter text.
Check/Money Order Amount: Click to enter text.
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 Water Treatment

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. For existing permits:

Permit Number: WQ00 10639001

EPA I.D. (TPDES only): TX 0053066

Expiration Date: 5/11/2026

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

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

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

City of Chillicothe

(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: 600337331

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

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

Last Name, First Name: Young, Cathy

Title: Mayor

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

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

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

[Click to enter text.](#)

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

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

C. Core Data Form

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

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: cochtx@yahoo.com

Check one or both: ☒

Administrative Contact

☐

Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Granados, Juan

Title: Project Manager

Credential: E.I.T.

Organization Name: Burgess & Niple, Inc.

Mailing Address: 10801-1 N. Mopac Expressway Ste 340
78759

City, State, Zip Code: Austin, TX

Phone No.: 205-461-7922

E-mail Address: juan.granados@burgessniple.com

Check one or both: ☒

Administrative Contact

☒

Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

B. Prefix: Click to enter text.

Last Name, First Name: Granados, Juan

Title: Project Manager

Credential: E.I.T.

Organization Name: Burgess & Niple, Inc.

Mailing Address: 10801-1 N. Mopac Expressway Ste 340
78759

City, State, Zip Code: Austin, TX

Phone No.: 205-461-7922

E-mail Address: juan.granados@burgessniple.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

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

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

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

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

Last Name, First Name: Granados, Juan

Title: Project Manager

Credential: E.I.T.

Organization Name: Burgess & Niple, Inc.

Mailing Address: 10801-1 N. Mopac Expressway Ste 340
78759

City, State, Zip Code: Austin, TX

Phone No.: 205-461-7922

E-mail Address: juan.granados@burgessniple.com

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: Reception Desk

Physical Address of Building: 14501 U.S. Highway 287 S.

City: Chillicothe

County: Hardeman

Contact (Last Name, First Name): Michelle Stovall

Phone No.: 940-852-5738 Ext.: [Click to enter text.](#)

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Summary of Application in Plain Language Template

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

Attachment: [Attachment 2](#)

G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102985355

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

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

City of Chillicothe WWTP

C. Owner of treatment facility: City of Chillicothe

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 Chillicothe

Mailing Address: P.O. Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5211

E-mail Address: cochtx@yahoo.com

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

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

E. Owner of effluent disposal site:

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

Last Name, First Name: [Click to enter text.](#)

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

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

Organization Name: City of Chillicothe

Mailing Address: P.O. Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5211

E-mail Address: coctx@yahoo.com

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

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

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

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

Last Name, First Name: [Click to enter text.](#)

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

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

Organization Name: City of Chillicothe

Mailing Address: P.O. Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5211

E-mail Address: coctx@yahoo.com

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒

Yes

☐

No

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

[Click to enter text.](#)

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

☒

Yes

☐

No

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

[Click to enter text.](#)

City nearest the outfall(s): City of Chillicothe

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

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

☐

Yes

☒

No

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

- ☐ Authorization granted ☐ Authorization pending

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

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

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

- ☐ Yes ☐ No

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

N/A

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

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010639001

Applicant: City of Chillicothe

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): Cathy Young

Signatory title: Mayor

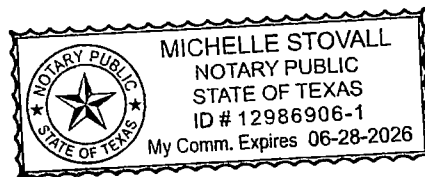
Signature: Cathy Young Date: 9-26-25
(Use blue ink)

Subscribed and Sworn to before me by the said Cathy Young
on this 26th day of September, 2025.
My commission expires on the 28 day of June, 2026.

Michelle Stovall
Notary Public

[SEAL]

Hardeman
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: Attachment 4

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if the mailing the payment.

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- **Do Not mail this form with the application form.**
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP Waste Permit No: WQ0010639001

1. Check or Money Order Number: 32947
2. Check or Money Order Amount: \$815.00
3. Date of Check or Money Order: 11/6/2025
4. Name on Check or Money Order: City of Chillicothe
5. APPLICATION INFORMATION

Name of Project or Site: City of Chillicothe WWTP

Physical Address of Project or Site: 335 Ave F N, Chillicothe TX, 79225

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

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

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

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

Summary of Application (in Plain Language) ☒ Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.113

2-Hr Peak Flow (MGD): 0.4

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.113

2-Hr Peak Flow (MGD): 0.4

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

D. Current Operating Phase

Provide the startup date of the facility: 04/24/2007

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

Pond system: Influent enters through bar screen and influent metering station, thence to two (2) facultative lagoons in series, and thence to two (2) stabilization ponds in series, and finally to effluent metering station and discharge.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Bar Screen	1	
Parshall Flume	2	3' W
Imhoff Tank	2	22' L x 31' W
Two Stabilization Ponds	2	220' L x 500' W
Chlorine Contact Chamber	1	20' L x 12' W

C. Process Flow Diagram

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

Attachment: [Attachment 5](#)

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

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

- Latitude: 34-15'-38.9"
- Longitude: 99-31'-46.4"

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

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

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

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

Attachment: [Attachment 6](#)

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

City of Chillicothe, Texas, Hardeman County

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
City of Chillicothe Collection System	City of Chillicothe	Publicly Owned	707
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: 4/2000-Final

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.**

On April 24, 2019, the City had an enforcement order for exceeding the allowed suspended solids. The City installed grinder pumps in reaction to this order. The TCEQ correspondence is under Attachment 7. Since the previous 2020 permit was received, the grinder pumps have continued to be used in the treatment train of the system.

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

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☐ No

If yes, provide a description of stormwater runoff management practices at the site for which you are requesting authorization in this individual wastewater permit and describe whether you intend to comingle this discharge with your treated effluent or discharge it via a separate dedicated stormwater outfall. Please also indicate if you

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

If yes, attach sewage sludge solids management plan. See Example 5 of 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 BOD₅ concentration of the sludge, and the design BOD₅ 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 BOD₅ concentration of the septic waste, and the design BOD₅ 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 49)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	The City has not discharged in the last year.				
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					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, μ mohs/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					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO ₃), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Nicky Richter

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

Facility Operator's License Number: WW0011063

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Sewage Sludge or Biosolids Management

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

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Not Applicable		N/A: Disposal in Landfill	N/A: Disposal in Landfill
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Buffalo Creek Landfill

TCEQ permit or registration number: 1571A

County where disposal site is located: Whichita

E. Transportation method

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

Name of the hauler: Waste Connections Lone Star, Inc.

Hauler registration number: 25739

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:
Attachment: [Click to enter text.](#)
- USDA Natural Resources Conservation Service Soil Map:
Attachment: [Click to enter text.](#)
- Federal Emergency Management Map:
Attachment: [Click to enter text.](#)
- Site map:
Attachment: [Click to enter text.](#)

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

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

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

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 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Nicky Richter

Title: Wastewater Operator

Signature: _____

Date: _____

Nicky E Richter
09/26/25

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: [Click to enter text.](#)

Distance and direction to the intake: [Click to enter text.](#)

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [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 63)

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: Un-named ditch

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.

None

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.

Quiescent State – Some algae in summer months.

Date and time of observation: [Click to enter text.](#)

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ 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.

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

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 87)

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

Have there been any **non-substantial modifications** to the approved pretreatment program that have not been submitted to TCEQ for review and acceptance?

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

In Table 6.0(1), list all parameters measured above the MAL in the POTW's effluent monitoring during the last three years. Submit an attachment if necessary.

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

Has any SIU, CIU, or other IU caused or contributed to any problems (excluding interferences or pass throughs) at your POTW in the past three years?

☐ Yes ☐ No

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

Click to enter text.

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

A. General information

Company Name: None

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

Click to enter text.

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

[Click or tap here to enter text.](#) [Click to enter text.](#)

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

CITY OF CHILLICOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 1
CORE DATA FORM 10400
DOMESTIC ADMINISTRATIVE REPORT 1.0 - 3C



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.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
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 600337331		RN 102985355

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Chillicothe					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	
		17560004859		756000485	
				10. DUNS Number (if applicable)	
				055305965	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		P.O. Box 546			
City		Chillicothe		State	TX
ZIP		79225		ZIP + 4	0546
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				coctx@yahoo.com	

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(940) 852-5211		(940) 852-5797

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
City of Chillicothe WWTP								
23. Street Address of the Regulated Entity: (No PO Boxes)	335 Ave F N							
	City	Chillicothe	State	TX	ZIP	79225	ZIP + 4	
24. County	Hardeman							

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

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
Chillicothe					TX	79225		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		34.260277			28. Longitude (W) In Decimal:		99.522777	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
34	15	37	99	31	22			
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.)								
34. Mailing Address:	P.O. Box 546							
	City	Chillicothe	State	TX	ZIP	79225	ZIP + 4	546
35. E-Mail Address:	coctx@yahoo.com							
36. Telephone Number	37. Extension or Code				38. Fax Number (if applicable)			
(940) 852-5738					(940) 852-5797			

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

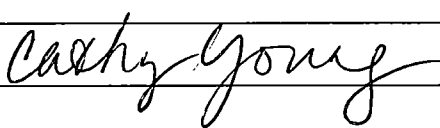
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Juan Granados	41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(205) 461-7922		() -	juan.granados@burgessniple.com

SECTION V: Authorized Signature

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

Company:	City of Chillicothe	Job Title:	Mayor
Name (In Print):	Cathy Young	Phone:	(940) 852- 5738
Signature:		Date:	9-26-25

CITY OF CHILLICOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 2
PLAIN LANGUAGE SUMMARY
DOMESTIC ADMINISTRATIVE REPORT 1.0 – 8F

Summary of Application in Plain Language for TPDES Permit Applicants

Domestic Wastewater TPDES Permit Renewal Application

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

City of Chillicothe (CN600337331) owns and operates City of Chillicothe WWTP (RN102985355), a wastewater treatment plant. The facility is located at 335 Ave. F N Chillicothe, TX 79225. This application is for a renewal to discharge 0.113 million gallons per day of treated domestic wastewater.

This system was designed for influent to enter through a bar screen to a parshall flume before entering an Imhoff tank. The clarified wastewater is then directed to a lift station which pumps to the ponds which operate in series. Effluent from the ponds flows to a chlorine contact chamber and discharged to an unnamed ditched thence to Wanders Creek, thence to the Red River above Pease River. The TPDES discharge outfall latitude and longitude are: (34° 15' 38.9" N, 99° 31' 46.4"W).

Due to drought conditions since the 2020 permit was issued, effluent has not discharged from the settling ponds to the CCT in several years. This is reflected in the operator's DMR submissions to the TCEQ.

Nueva aplicación TPDES de aguas residuales domésticas

Se proporciona el siguiente resumen de esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo exige el Capítulo 39 del Código Administrativo 30 de Texas. 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.

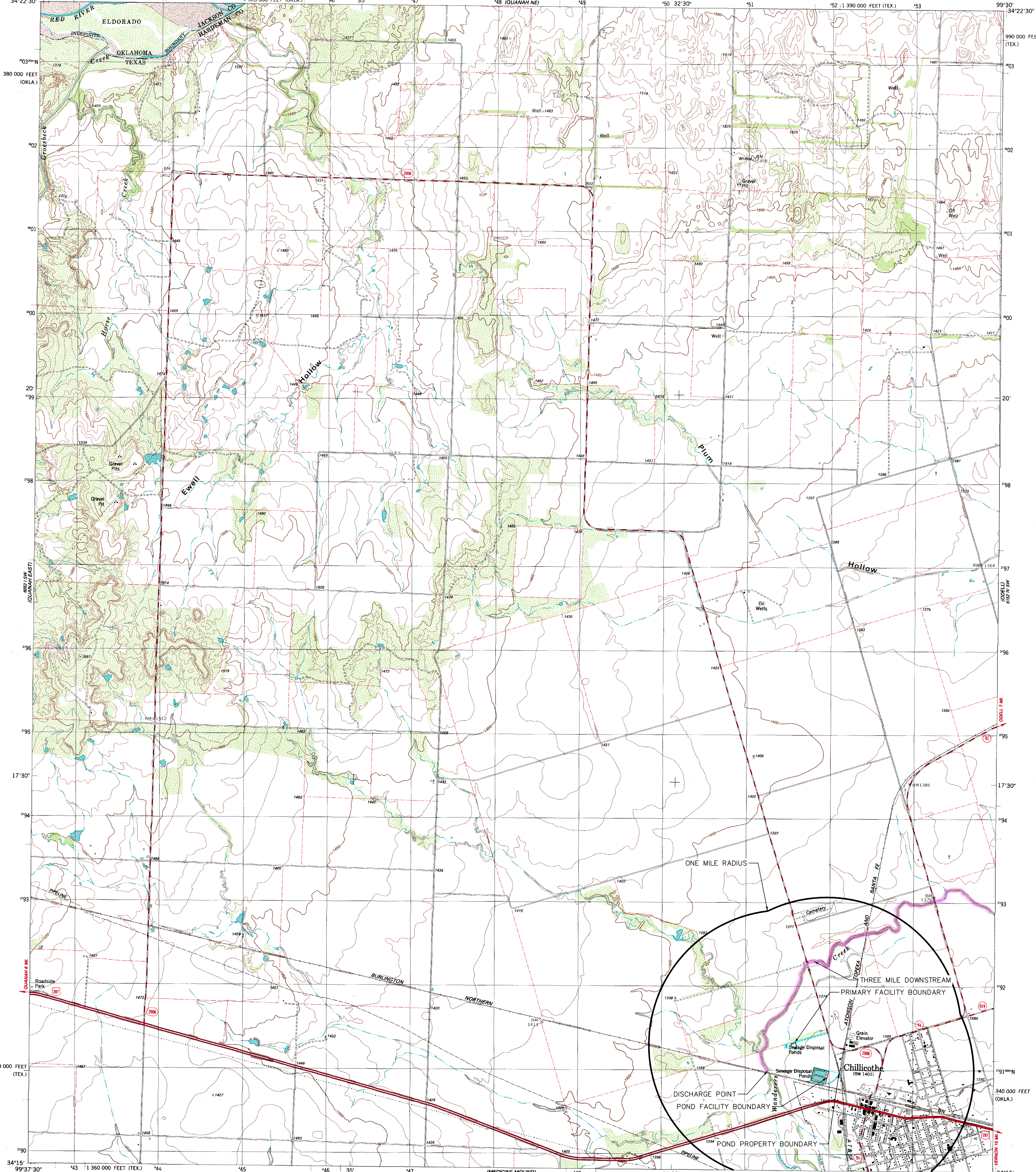
La Ciudad de Chillicothe (CN600337331) es el dueño y operador de la Planta de Tratamiento de Aguas Residuales de la Ciudad de Chillicothe (RN102985355). La instalación se encuentra en 335 Ave. F N, Chillicothe, TX 79225. Esta solicitud es para la renovación del permiso de descargo de 0.113 millones de galones por día de aguas residuales domésticas tratadas.

Este sistema se opera en la forma enseguida: El afluente se ingresa a través de una rejilla de barras hacia un medidor Parshall antes de entrar a un tanque Imhoff. Las aguas residuales clarificadas luego se dirigen a una estación de bombeo que impulsa el flujo hacia las lagunas decantación. El efluente de las lagunas pasa a una cámara de contacto de cloro y se descarga en una zanja denominada, luego hacia Wanders Creek y posteriormente hacia el río Rojo, arriba del río Pease. El latitud y longitud del punto de descargo del permiso TPDES son: (34° 15' 38.9" N, 99° 31' 46.4" O).

Debido a las condiciones de sequía desde que se emitió el permiso en 2020, efluente no ha descargado de las lagunas de sedimentación hacia la cámara de contacto de cloro durante varios años. Esto se refleja en los informes DMR del operador presentados a la TCEQ.

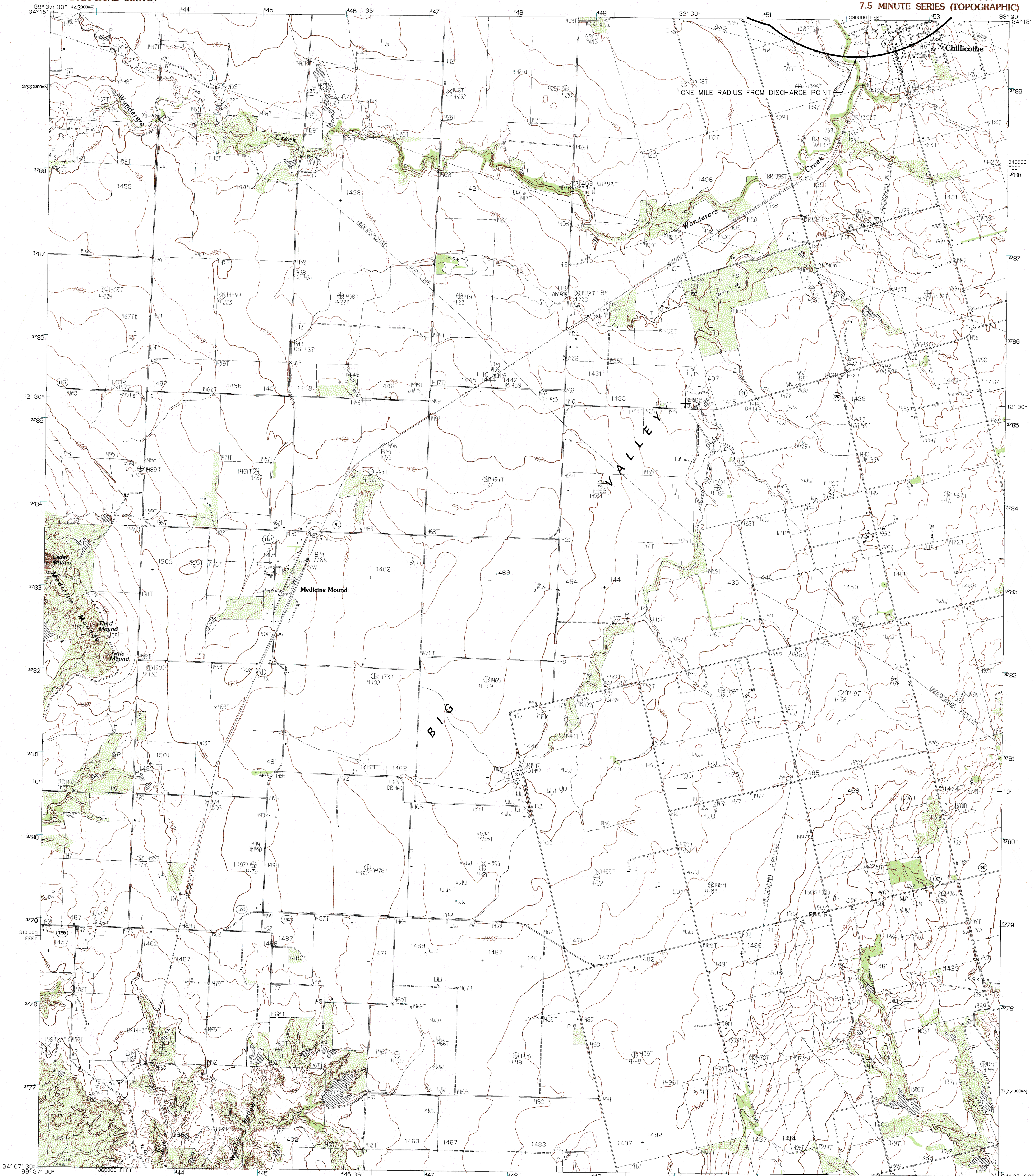
CITY OF CHILLICOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 3
ORIGINAL USGS MAP
DOMESTIC ADMINISTRATIVE REPORT 1.0 - 13



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

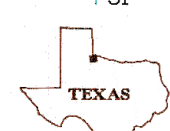
MEDICINE MOUND QUADRANGLE
TEXAS-HARDEMAN CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)



PRODUCED BY THE UNITED STATES GEOLOGICAL SURVEY
CONTROL BY 1968, NOS/NOAA
COMPILED FROM IMAGERY TAKEN 1977
PHOTOINTERPRETED USING IMAGERY DATED 1990
NO MAJOR CULTURE OR DRAINAGE CHANGES OBSERVED
PLUS AND SURVEY CONTROL CURRENT AS OF 1979
NAMES USED 1994
PROJECTION LAMBERT CONFORMAL CONIC
BLUE 1000-METER UNIVERSAL TRANSVERSE MERCATOR TICS, ZONE 14
UTM GRID DECLINATION 0° 19' WEST
1994 MAGNETIC NORTH DECLINATION 7° 30' EAST
VERTICAL DATUM NATIONAL GEODETIC VERTICAL DATUM OF 1929
HORIZONTAL DATUM NORTH AMERICAN DATUM OF 1927 (NAD 27)
North American Datum of 1983 (NAD 83) is shown by dashed
corner ticks. The values of the shift between NAD 27 and NAD
83 for 7.5-minute intersections are obtainable from National
Geodetic Survey NADCON software
There may be private inholdings within the boundaries of any
Federal and State reservations shown on this map

PROVISIONAL MAP
Produced from original
manuscript drawings. Infor-
mation shown as of date of
field check.

SCALE 1:24 000
1 000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10 000
1 000 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 10 000
CONTOUR INTERVAL 10 FEET
SUPPLEMENTARY CONTOUR INTERVAL 5 FEET
To convert meters to feet multiply by 3.2808
To convert feet to meters multiply by 0.3048
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY
DENVER, COLORADO 80225 OR RESTON, VIRGINIA 22092



QUADRANGLE LOCATION							
1	2	3	4	5	6	7	8
Chillicothe	Medicine Mound	Wanderers Creek	Wanderers Creek	Wanderers Creek	Wanderers Creek	Wanderers Creek	Wanderers Creek

Improved Road
Unimproved Road
Trail
Interstate Route
U.S. Route
State Route

MEDICINE MOUND, TX
PROVISIONAL EDITION 1990

3499-85-TF-024

CITY OF CHILLICOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 4
DOMESTIC ADMINISTRATIVE REPORT SPIF

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 Chillicothe

Permit No. WQ00 10639001

EPA ID No. TX 0053066

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

ADDRESS: 335 AVE F N, CHILLICOTHE TX, 79225. DESCRIPTION: 0.4 MILES WEST-NORTH-WEST OF THE INTERSECTION OF U.S. HIGHWAY 287 AND FARM-TO-MARKET ROAD 91 (AVE H), IN THE CITY OF CHILLICOTHE, HARDEMAN COUNTY, TEXAS

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

Prefix (Mr., Ms., Miss): [REDACTED]

First and Last Name: Cathy Young

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

Title: Mayor

Mailing Address: P.O. Box 546

City, State, Zip Code: Chillicothe, TX 79225

Phone No.: 940-852-8538 Ext.: [REDACTED] Fax No.: 940-852-5797

E-mail Address: coctx@yahoo.com

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

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 12-inch discharge line thence to unnamed ditch thence to Wanders Creek, thence to the Red River above Pease River in segment no. 2006 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

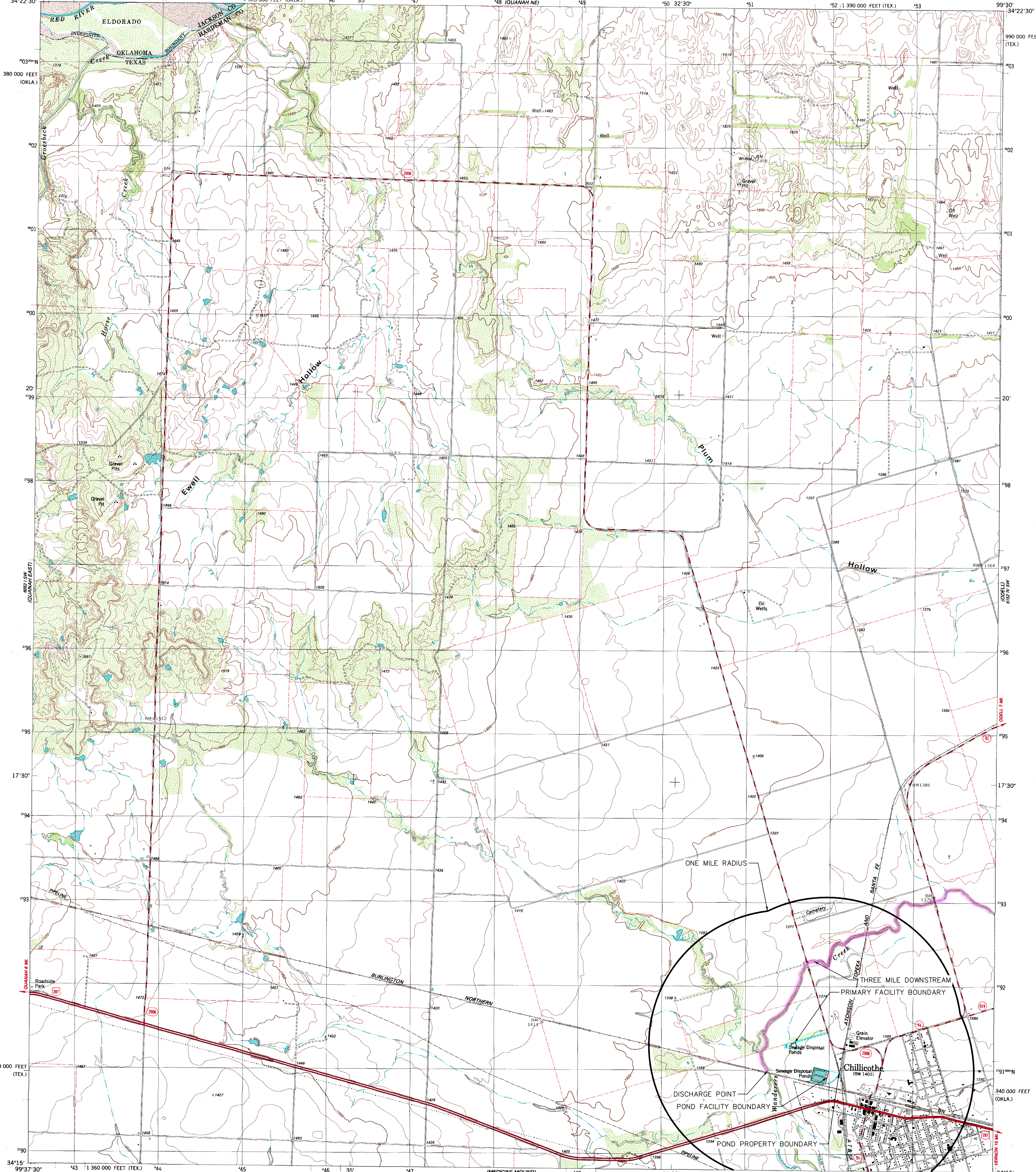
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

N/A

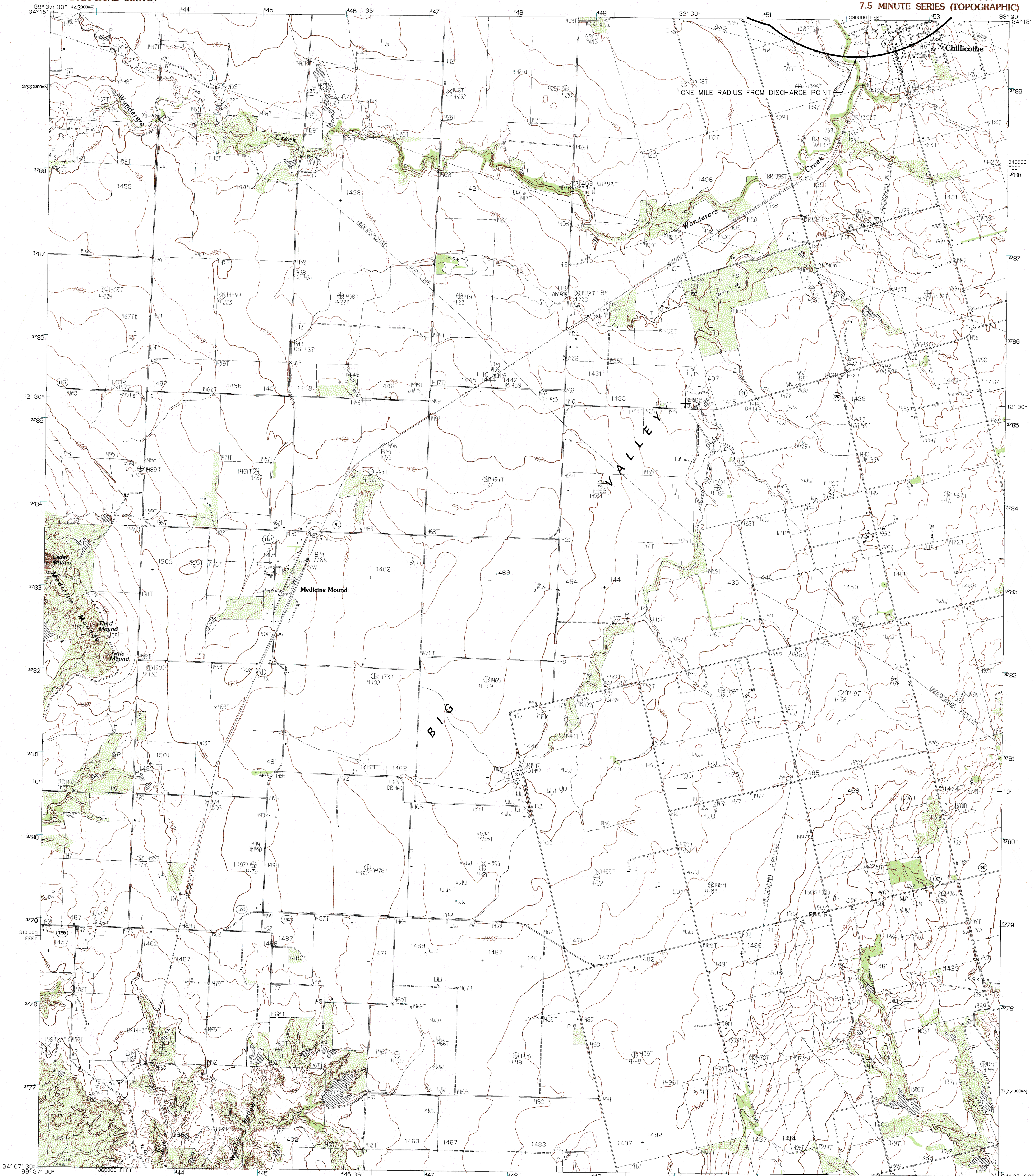
4. Provide a brief history of the property, and name of the architect/builder, if known.

N/A



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

MEDICINE MOUND QUADRANGLE
TEXAS-HARDEMAN CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)



PRODUCED BY THE UNITED STATES GEOLOGICAL SURVEY
CONTROL BY 1968, NOS/NOAA
COMPILED FROM IMAGERY TAKEN 1977
PHOTOINTERPRETED USING IMAGERY DATED 1990
NO MAJOR CULTURE OR DRAINAGE CHANGES OBSERVED
PLUS AND SURVEY CONTROL CURRENT AS OF 1979
NAMES USED 1994
PROJECTION LAMBERT CONFORMAL CONIC
BLUE 1000-METER UNIVERSAL TRANSVERSE MERCATOR TICS, ZONE 14
UTM GRID DECLINATION 0°19' WEST
1994 MAGNETIC NORTH DECLINATION 7°30' EAST
VERTICAL DATUM NATIONAL GEODETIC VERTICAL DATUM OF 1929
HORIZONTAL DATUM NORTH AMERICAN DATUM OF 1927 (NAD 27)
North American Datum of 1983 (NAD 83) is shown by dashed
corner ticks. The values of the shift between NAD 27 and NAD
83 for 7.5-minute intersections are obtainable from National
Geodetic Survey NADCON software
There may be private inholdings within the boundaries of any
Federal and State reservations shown on this map

PROVISIONAL MAP
Produced from original
manuscript drawings. Infor-
mation shown as of date of
field check.

SCALE 1:24 000
CONTOUR INTERVAL 10 FEET
SUPPLEMENTARY CONTOUR INTERVAL 5 FEET
To convert meters to feet multiply by 3.2808
To convert feet to meters multiply by 0.3048
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY
DENVER, COLORADO 80225 OR RESTON, VIRGINIA 22092

QUADRANGLE LOCATION							
1	2	3	4	5	6	7	8
Quadrangle Names							
Chillicothe							
Medicine Mound							
Wanderers Hollow							
Bartlett							
Adjoining 7.5' Quadrangle Names							
3499-214							

Improved Road
Unimproved Road
Trail

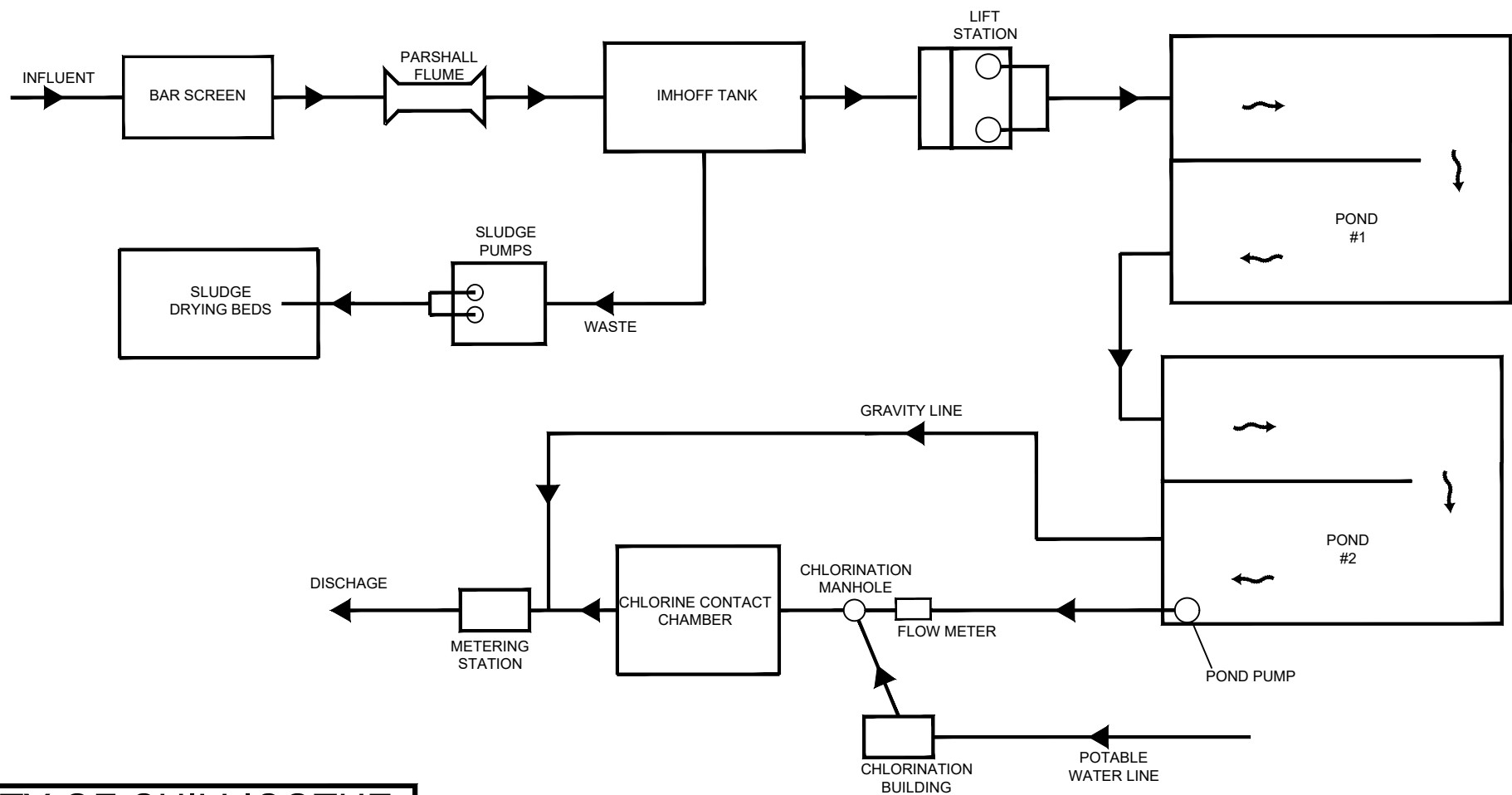
Interstate Route U.S. Route State Route

MEDICINE MOUND, TX
PROVISIONAL EDITION 1990

34099-B5-TF-024

CITY OF CHILLICOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 5
PROCESS FLOW DIAGRAM
DOMESTIC TECHNICAL REPORT 1.0 - 2C



CITY OF CHILLICOTHE

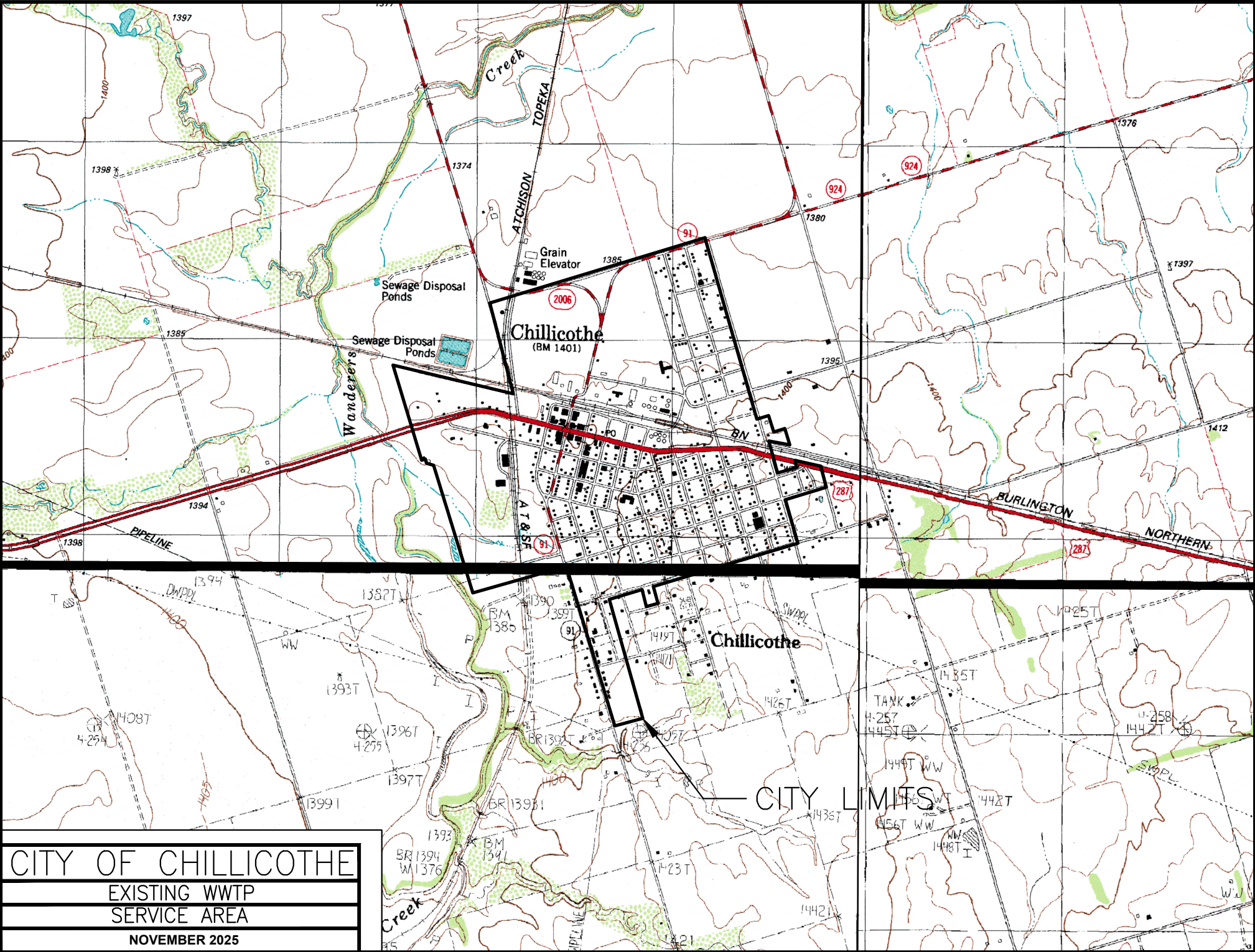
EXISTING WWTP

FLOW DIAGRAM

NOVEMBER 2025

CITY OF CHILLICOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

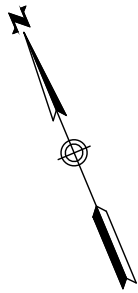
ATTACHMENT 6
SITE DRAWING
DOMESTIC TECHNICAL REPORT 1.0 - 3



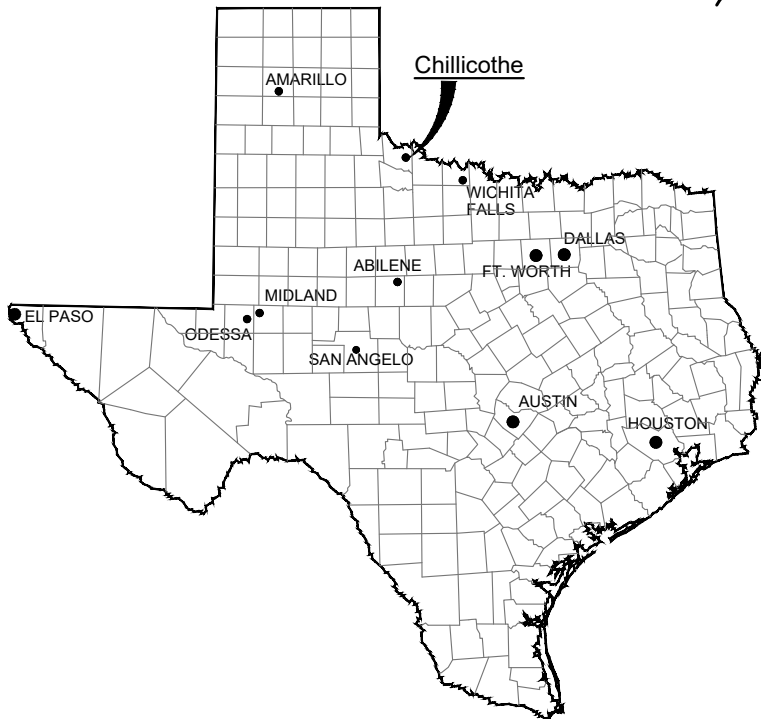
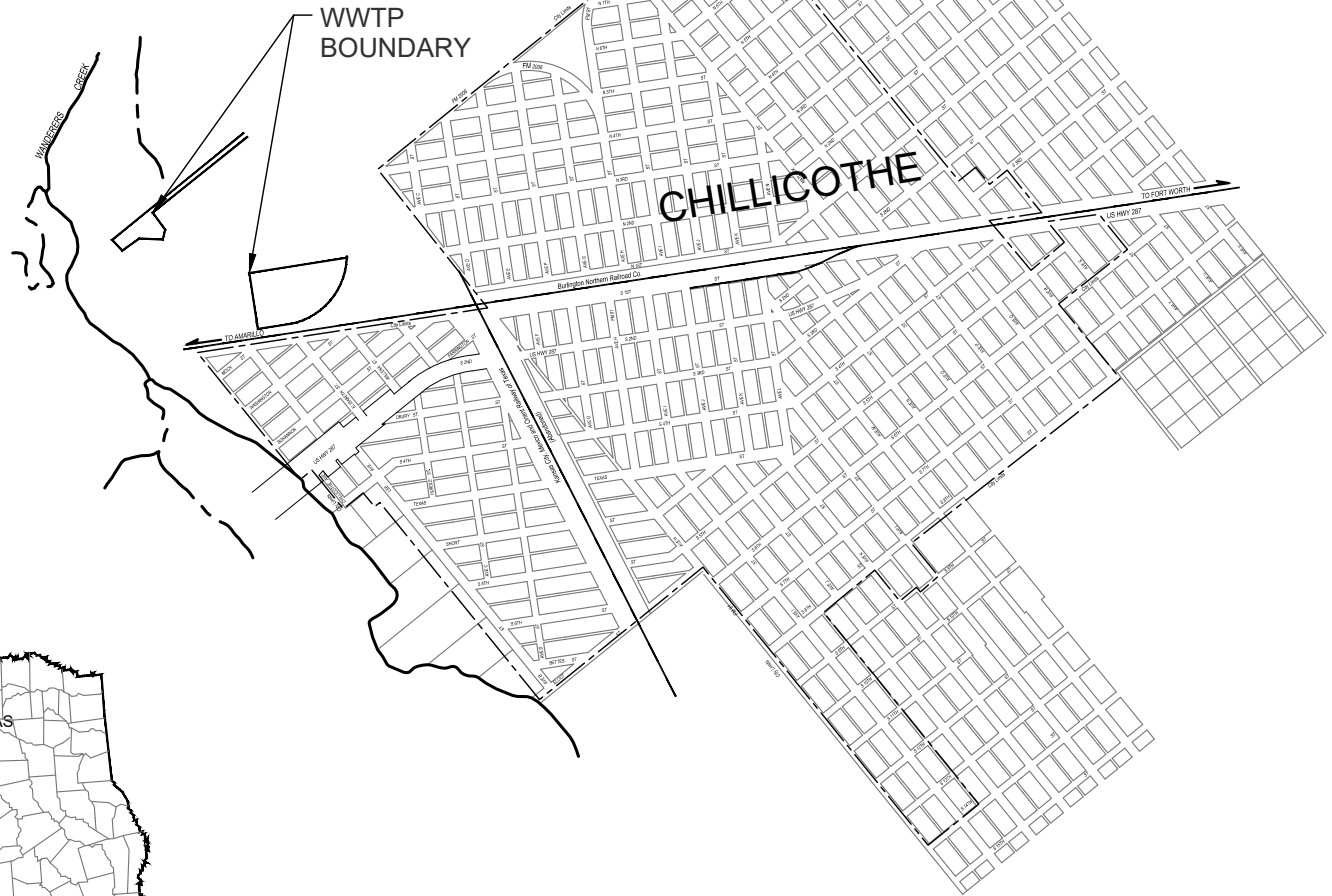
CITY OF CHILLICOTHE

EXISTING WWTP
SERVICE AREA

NOVEMBER 2025



----- AREA SERVED



CITY OF CHILICOTHE
SPIF EXHIBIT 2
GENERAL LOCATION MAP
NOVEMBER 2025

CITY OF CHILLCOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 7
TCEQ CORRESPONDENCE
DOMESTIC TECHNICAL REPORT 1.0 - 6A

Alicia Gonzales

From: Juan Granados
Sent: Wednesday, October 8, 2025 4:41 PM
To: Deba Dutta
Cc: Alicia Gonzales
Subject: Re: WQ0010639001_Question on Wastewater Discharge Sampling

Good afternoon Deba,

If you do not have an objection to the way we will state no discharge is present for sample collection, we will proceed with the method I have described below for submission of the permit renewal application soon.

Please advise.

Thank you,



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Friday, October 3, 2025 12:05 PM
To: Deba Dutta <Deba.Dutta@tceq.texas.gov>
Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Subject: Re: WQ0010639001_Question on Wastewater Discharge Sampling

Deba,

Do you have guidance on how we should note no discharge in the technical section of our permit application? I was thinking in the table for shown, we'd use a cell to reference an attachment in our Appendix section. This

attachment would include the DMR reports from our client showing no discharge. The rest of the table would be left empty or marked N/A. If this is sufficient, we can proceed with finalization and submission of our application.

Thank you,



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Monday, September 29, 2025 2:09 PM
To: Deba Dutta <Deba.Dutta@tceq.texas.gov>
Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Subject: Re: WQ0010639001_Question on Wastewater Discharge Sampling

Good afternoon Deba,

Yes, my client has been marking the DMR submissions are no discharge. See the report attached for reference.

My main concern currently is how we note this situation in Section 7. Pollutant Analysis of Treated Effluent in the Technical Report of our application. What would be the best way to show the reviewer this section is meant to be empty?

Thank you,



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

From: Deba Dutta <Deba.Dutta@tceq.texas.gov>
Sent: Monday, September 29, 2025 12:07 PM
To: Juan Granados <Juan.Granados@burgessniple.com>
Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Subject: RE: WQ0010639001_Question on Wastewater Discharge Sampling

Juan,

I am in the permitting side. However, I believe you will report it as no discharge in the DMR. You may contact our Enforcement Division, if you need any assistance with that.

Hope that helps. Let me know if you have any additional question.

Please always mention the permit no. in the subject line.

Thanks.

Deba Dutta

Deba P. Dutta, P.E.

Team Leader, Domestic Permits Team

Domestic Wastewater Section

Water Quality Division, TCEQ. MC-148

Texas Commission on Environmental Quality

12100 Park 35 Circle, Austin, Texas 78753

Phone: 512-239-4608

Email: Deba.Dutta@tceq.texas.gov

Registration is open for the [2025 Water Quality / Stormwater Seminar](#) scheduled for Oct. 21, 2025.

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Friday, September 26, 2025 3:11 PM
To: Deba Dutta <Deba.Dutta@tceq.texas.gov>
Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>; Mike Lindner <Mike.Lindner@tceq.texas.gov>
Subject: Re: Question on Wastewater Discharge Sampling

Thank you Mike.

Good afternoon Deba,

Please see my initial question in this chain. We wish for more information/guidance on how to provide discharge testing since my client has not discharged any treated water in several years.

I have CDX Report submissions from my client showing lack of discharge measured through their flow meter.

Thank you,



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

From: Mike Lindner <Mike.Lindner@tceq.texas.gov>
Sent: Friday, September 26, 2025 3:06 PM
To: Juan Granados <Juan.Granados@burgessniple.com>
Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>; Deba Dutta <Deba.Dutta@tceq.texas.gov>
Subject: RE: Question on Wastewater Discharge Sampling

That is a question for the gentleman Cc'ed.

Mike Lindner
Team Leader
Water Quality Assessment
Water Quality Division
TCEQ
512.239.3770

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Friday, September 26, 2025 3:05 PM
To: Mike Lindner <Mike.Lindner@tceq.texas.gov>
Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Subject: Re: Question on Wastewater Discharge Sampling

WQ0010639001

See attached existing permit.



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

From: Mike Lindner <Mike.Lindner@tceq.texas.gov>
Sent: Friday, September 26, 2025 3:03 PM
To: Juan Granados <Juan.Granados@burgessniple.com>
Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Subject: RE: Question on Wastewater Discharge Sampling

What is the permit number

Mike Lindner
Team Leader
Water Quality Assessment
Water Quality Division
TCEQ
512.239.3770

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Friday, September 26, 2025 3:02 PM
To: Mike Lindner <Mike.Lindner@tceq.texas.gov>

Cc: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>

Subject: Question on Wastewater Discharge Sampling

Good afternoon Mike,

I have a client intending to renew their WW Discharge permit. They have informed me that due to drought conditions, they have not had effluent through their discharge point in several years. We need to provide sampling for permit application compliance. What is the best way to proceed? I have documentation supporting their lack of discharge.

If this is not within your scope, I would greatly appreciate contact information for the appropriate person to answer my questions.

Thank you and have a great weekend,



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

Note:
These electronic documents are provided by Burgess & Niple (B&N) as a convenience to our clients. It is our professional opinion that this electronic information provides information current as of the date of its release. Any use of this information is at the sole risk and liability of the user. The user is responsible for updating information to reflect any changes in the information following the preparation date of this transmittal. The delivery of this information in electronic format is for the benefit of the owner for whom the services have been performed. Nothing in the transfer should be construed to provide any right to third parties to rely on the information provided, or that the use of this information implies the review and approval of Burgess & Niple.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



IN THE MATTER OF AN
ENFORCEMENT ACTION
CONCERNING
CITY OF CHILlicoTHE
RN102985355

§
§
§
§
§

BEFORE THE

TEXAS COMMISSION ON

ENVIRONMENTAL QUALITY

AGREED ORDER
DOCKET NO. 2018-0316-MWD-E

I. JURISDICTION AND STIPULATIONS

On **APR 24 2019**, the Texas Commission on Environmental Quality ("the Commission" or "TCEQ") considered this agreement of the parties, resolving an enforcement action regarding the City of Chillicothe (the "Respondent") under the authority of TEX. WATER CODE chs. 7 and 26. The Executive Director of the TCEQ, through the Enforcement Division, and the Respondent:

1. The Respondent owns and operates a wastewater treatment facility located approximately two miles north-northeast of the intersection of Farm-to-Market Roads 91 and 924, and approximately 2.5 miles north of the intersection of Farm-to-Market Road 91 and United States Highway 287, in Hardeman County, Texas (the "Facility"). The Facility is near or adjacent to water in the state as defined in TEX. WATER CODE § 26.001(5).
2. The Executive Director and the Respondent agree that the TCEQ has jurisdiction to enter this Order pursuant to TEX. WATER CODE §§ 7.002, 7.051, and 7.073, and that the Respondent is subject to TCEQ's jurisdiction. The TCEQ has jurisdiction in this matter pursuant to TEX. WATER CODE § 5.013 because it alleges violations of TEX. WATER CODE ch. 26 and the rules of the TCEQ.
3. The occurrence of any violation is in dispute and the entry of this Order shall not constitute an admission by the Respondent of any violation alleged in Section II ("Allegations"), nor of any statute or rule.
4. An administrative penalty in the amount of \$9,375 is assessed by the Commission in settlement of the violations alleged in Section II ("Allegations"). The amount of \$1,875 is deferred contingent upon the Respondent's timely and satisfactory compliance with all the terms of this Order and shall be waived only upon full compliance with all the terms and conditions of this Order. If the Respondent fails to timely and satisfactorily comply with any of the terms and conditions contained in this Order, the Executive Director may demand payment of all or part of the deferred penalty amount.

Pursuant to TEX. WATER CODE § 7.067, \$7,500 of the penalty shall be conditionally offset by the Respondent's timely and satisfactory completion of a Supplemental

Environmental Project ("SEP") as defined in the attached SEP Agreement ("Attachment A", incorporated herein by reference). The Respondent's obligation to pay the conditionally offset portion of the penalty shall be discharged upon full compliance with all the terms and conditions of this Order, which includes the timely and satisfactory completion of all provisions of the SEP Agreement, as determined by the Executive Director.

5. The Executive Director and the Respondent agree on a settlement of the matters alleged in this enforcement action, subject to final approval in accordance with 30 TEX. ADMIN. CODE § 70.10(a). Any notice and procedures, which might otherwise be authorized or required in this action, are waived in the interest of a more timely resolution of the matter.
6. The Executive Director may, without further notice or hearing, refer this matter to the Office of the Attorney General of the State of Texas ("OAG") for further enforcement proceedings if the Executive Director determines that the Respondent has not complied with one or more of the terms or conditions in this Order.
7. This Order represents the complete and fully-integrated agreement of the parties. The provisions of this Order are deemed severable and, if a court of competent jurisdiction or other appropriate authority deems any provision of this Order unenforceable, the remaining provisions shall be valid and enforceable.
8. This Order shall terminate five years from its effective date or upon compliance with all the terms and conditions set forth in this Order, whichever is later.
9. The Executive Director recognizes that by March 8, 2018, the Respondent implemented the following corrective measures at the Facility:
 - a. Installed dissolved oxygen and pH meters; and
 - b. Updated operational guidance and conducted employee training to ensure that all reporting requirements are properly accomplished, including but not limited to the analysis of all effluent samples, in accordance with Texas Pollutant Discharge Elimination System ("TPDES") Permit No. WQ0010639001.

II. ALLEGATIONS

During a record review conducted on February 7, 2018, an investigator documented that the Respondent:

1. Failed to comply with permitted effluent limitations, in violation of TEX. WATER CODE § 26.121(a)(1), 30 TEX. ADMIN. CODE § 305.125(1), and TPDES Permit No. WQ0010639001, Effluent Limitations and Monitoring Requirements No. 1. Specifically, the Respondent exceeded the total suspended solids permitted daily average of 90 milligrams per liter ("mg/L") for the monitoring periods ending January 31, 2017 (100.49 mg/L); February 28, 2017 (102.56 mg/L); March 31, 2017 (122.4 mg/L); April 30, 2017 (132.93 mg/L); May 31, 2017 (136.34 mg/L); September 30, 2017 (131.96 mg/L); and October 31, 2017 (132.48 mg/L).

2. Failed to analyze effluent samples at the intervals specified in the permit, in violation of 30 TEX. ADMIN. CODE §§ 305.125(1) and 319.5(b) and TPDES Permit No. WQ0010639001, Monitoring and Reporting Requirements Nos. 1 and 3.a. Specifically, the Respondent failed to analyze effluent for pH for the monitoring periods ending September 30, 2017 and October 31, 2017 and dissolved oxygen for the monitoring period ending September 30, 2017.

III. DENIALS

The Respondent generally denies each allegation in Section II ("Allegations").

IV. ORDERING PROVISIONS

NOW, THEREFORE, THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY ORDERS that:

1. The Respondent is assessed a penalty as set forth in Section I, Paragraph 4. The payment of this penalty and the Respondent's compliance with all of the requirements set forth in this Order resolve only the allegations in Section II. The Commission shall not be constrained in any manner from requiring corrective action or penalties for violations which are not raised here. Penalty payments shall be made payable to "TCEQ" and shall be sent with the notation "Re: City of Chillicothe, Docket No. 2018-0316-MWD-E" to:

Financial Administration Division, Revenue Operations Section
Attention: Cashier's Office, MC 214
Texas Commission on Environmental Quality
P.O. Box 13088
Austin, Texas 78711-3088
2. The Respondent shall implement and complete an SEP as set forth in Section I, Paragraph 4. The amount of \$7,500 of the assessed penalty is conditionally offset based on the Respondent's implementation and completion of the SEP pursuant to the terms of the SEP Agreement, as defined in Attachment A. Penalty payments for any portion of the SEP deemed by the Executive Director as not complete shall be paid within 30 days after the date the Executive Director demands payment.
3. The Respondent shall, within 730 days after the effective date of this Order, submit written certification of compliance with the permitted effluent limitations of TPDES Permit No. WQ0010639001, including specific corrective actions that were implemented at the Facility to achieve compliance and copies of the most current self-reported discharge monitoring reports, demonstrating at least three months of active discharge compliant with all permitted effluent limitations. The certification shall include detailed supporting documentation including photographs, receipts, and/or other records to demonstrate compliance with the permitted effluent limitations. The certification shall be signed by the Respondent and shall include the following certification language:

"I certify under penalty of law that I have personally examined and am familiar with the information submitted and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

The certification shall be submitted to:

Order Compliance Team
Enforcement Division, MC 149A
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087

with a copy to:

Water Section Manager
Abilene Regional Office
Texas Commission on Environmental Quality
1977 Industrial Boulevard
Abilene, Texas 79602-7833

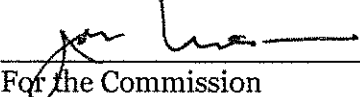
4. All relief not expressly granted in this Order is denied.
5. The duties and provisions imposed by this Order shall apply to and be binding upon the Respondent. The Respondent is ordered to give notice of this Order to personnel who maintain day-to-day control over the Facility operations referenced in this Order.
6. If the Respondent fails to comply with any of the Ordering Provisions in this Order within the prescribed schedules, and that failure is caused solely by an act of God, war, strike, riot, or other catastrophe, the Respondent's failure to comply is not a violation of this Order. The Respondent shall have the burden of establishing to the Executive Director's satisfaction that such an event has occurred. The Respondent shall notify the Executive Director within seven days after the Respondent becomes aware of a delaying event and shall take all reasonable measures to mitigate and minimize any delay.
7. The Executive Director may grant an extension of any deadline in this Order or in any plan, report, or other document submitted pursuant to this Order, upon a written and substantiated showing of good cause. All requests for extensions by the Respondent shall be made in writing to the Executive Director. Extensions are not effective until the Respondent receives written approval from the Executive Director. The determination of what constitutes good cause rests solely with the Executive Director. Extension requests shall be sent to the Order Compliance Team at the address listed above.
8. This Order, issued by the Commission, shall not be admissible against the Respondent in a civil proceeding, unless the proceeding is brought by the OAG to: (1) enforce the terms of this Order; or (2) pursue violations of a statute within the Commission's jurisdiction,

or of a rule adopted or an order or permit issued by the Commission under such a statute.

9. This Order may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any page of this Order may be copied, scanned, digitized, converted to electronic portable document format ("pdf"), or otherwise reproduced and may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this Order shall constitute an original signature for all purposes and may be used, filed, substituted, or issued for any purpose for which an original signature could be used. The term "signature" shall include manual signatures and true and accurate reproductions of manual signatures created, executed, endorsed, adopted, or authorized by the person or persons to whom the signatures are attributable. Signatures may be copied or reproduced digitally, electronically, by photocopying, engraving, imprinting, lithographing, electronic mail, facsimile transmission, stamping, or any other means or process which the Executive Director deems acceptable. In this paragraph exclusively, the terms: electronic transmission, owner, person, writing, and written, shall have the meanings assigned to them under TEX. BUS. ORG. CODE § 1.002.
10. The effective date of this Order is the date it is signed by the Commission. A copy of this fully executed Order shall be provided to each of the parties.

SIGNATURE PAGE

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



For the Commission

4/26/19

Date



For the Executive Director

2/18/19


Date

I, the undersigned, have read and understand the attached Order. I am authorized to agree to the attached Order, and I do agree to the terms and conditions specified therein. I further acknowledge that the TCEQ, in accepting payment for the penalty amount, is materially relying on such representation.

I also understand that failure to comply with the Ordering Provisions, if any, in this Order and/or failure to timely pay the penalty amount, may result in:

- A negative impact on compliance history;
- Greater scrutiny of any permit applications submitted;
- Referral of this case to the Attorney General's Office for contempt, injunctive relief, additional penalties, and/or attorney fees, or to a collection agency;
- Increased penalties in any future enforcement actions;
- Automatic referral to the Attorney General's Office of any future enforcement actions; and
- TCEQ seeking other relief as authorized by law.

In addition, any falsification of any compliance documents may result in criminal prosecution.



Signature

7/2/2018

Date

Cathy Young

Name (Printed or typed)
Authorized Representative of
City of Chillicothe

Mayor

Title

☐ If mailing address has changed, please check this box and provide the new address below:

Attachment A
Docket Number: 2018-0316-MWD-E
SUPPLEMENTAL ENVIRONMENTAL PROJECT

Respondent:	City of Chillicothe
Penalty Amount:	Seven Thousand Five Hundred Dollars (\$7,500)
SEP Offset Amount:	Seven Thousand Five Hundred Dollars (\$7,500)
Type of SEP:	Compliance
Project Name:	<i>Lift Station Pump Replacement</i>
Location of SEP:	Hardeman County

The Texas Commission on Environmental Quality ("TCEQ") agrees to offset the administrative Penalty Amount assessed in this Agreed Order for Respondent to perform a Supplemental Environmental Project ("SEP"). The SEP Offset Amount is set forth above and such offset is conditioned upon completion of the project in accordance with the terms of this Attachment A.

Respondent is a Local Government that qualifies under Texas Water Code § 7.067 to apply the SEP Offset Amount set forth above to correct violations at its wastewater treatment facility which are described in this Agreed Order. This Agreed Order cites violations at Respondent's wastewater treatment facility.

1. Project Description

A. Project

Respondent shall purchase two lift station grinder pumps and hire a contractor to install the pumps at the City's wastewater treatment facility. Specifically, the SEP Offset Amount shall be used for materials, supplies, and equipment to purchase and install two lift station grinder pumps (the "Project"). Respondent shall solicit bids from qualified contractors to perform the Project. Any advertisement, including publication, related to the SEP must include the enforcement statement as stated in Section 6, Publicity. The SEP will be performed in accordance with all federal, state, and local environmental laws and regulations, including permits that may be required prior to commencement of the SEP.

Respondent shall use the SEP Offset Amount only for the direct cost of implementing the Project, including supplies, materials, and equipment rentals, as listed in Subsection C. Minimum Expenditure, Estimated Cost Schedule, below. No portion of the SEP Offset Amount shall be spent on administrative costs, including but not limited to operating costs, reporting expenses, handling of expenses, project coordination, liability, or equipment breakdowns.

Respondent's signature affixed to the attached Agreed Order certifies that Respondent has no prior commitment to perform this Project and that the SEP is being performed solely as part of the terms of settlement in this enforcement action.

B. Environmental Benefit

This SEP will provide a discernible environmental benefit by improving the quality of wastewater effluent being released into the environment. Inadequately treated effluent can carry bacteria, viruses, protozoa (parasitic organisms), helminths (intestinal worms), and bioaerosols (inhalable molds and fungi). The diseases they may cause range in severity from mild gastroenteritis to life-threatening ailments such as cholera, dysentery, infectious hepatitis, and severe gastroenteritis. Additional risks include occurrences of low dissolved oxygen, fish kills, algal bloom, and bacterial contamination in waterways.

C. Minimum Expenditure

Respondent shall spend at least the SEP Offset Amount to complete the project described in Section 1, above, and comply with all other provisions of this SEP. Respondent understands that it may cost more than the SEP Offset Amount to complete the Project.

Estimated Cost Schedule

Item	Quantity	Cost	Units	Total
3' Sewage Pump	2	\$3,600	Each	\$7,200
Labor to Install Pumps	2	\$750	Event	\$1,500
Total				\$8,770

2. Performance Schedule

Within 30 days after the effective date of this Agreed Order, Respondent shall begin implementation of the SEP. Respondent shall have completed the SEP in its entirety within 365 days after the effective date of this Agreed Order.

3. Records and Reporting

A. Progress Report

Within 30 days after the effective date of this Agreed Order, Respondent shall submit a Notice of Commencement to the TCEQ describing actions performed to date to implement the Project. Within 90 days after the effective date of this Agreed Order, Respondent shall submit a report detailing the progress made and all actions completed on the Project during the previous 60-day period and setting forth a schedule for achieving completion of the Project within the 365-day timeframe set forth in Section 2,

Performance Schedule, above. Thereafter, Respondent shall submit progress reports to the TCEQ in 90-day increments containing detailed information on all actions completed on the Project to date as set forth in the Reporting Schedule table below:

Reporting Schedule

Days from Effective Order Date	Information Required
30	Notice of Commencement describing actions taken to begin project
90	Actions completed during previous 60-day period
180	Actions completed during previous 90-day period
270	Actions completed during previous 90-day period
365	Notice of SEP completion

B. Final Report

Within 365 days after the effective date of the Agreed Order, or within 30 days after completion of the SEP, whichever is earlier, Respondent shall submit a Final Report to the TCEQ, which shall include the following:

1. Itemized list of expenditures and total cost of the Project;
2. Copies of invoices or receipts corresponding to the itemized list in paragraph 3.B.1., above;
3. Copies of cleared checks or payment records corresponding to the itemized list in paragraph 3.B.1., above;
4. Copies of proof of advertisement of invitation for bids, if applicable, (the publication must include the statement that the SEP was performed as a result of a TCEQ enforcement action);
5. A certified/notarized statement of quantifiable environmental benefit;
6. Detailed map showing specific location of the project site(s);
7. Dated photographs of the purchased materials and supplies; before and after work being performed during the Project; and of the completed Project; and
8. Any additional information Respondent believes will, or that is requested by TCEQ to demonstrate compliance with this Attachment A.

C. Address

Respondent shall submit all SEP reports and any additional information as requested to the following address:

Texas Commission on Environmental Quality
Litigation Division
Attention: SEP Coordinator, MC 175
P.O. Box 13087
Austin, Texas 78711-3087

4. Additional Information and Access

Respondent shall provide additional information as requested by TCEQ staff, and shall allow access to all records related to the SEP Offset Amount. Respondent shall also allow representatives of the TCEQ access to the site of any work being financed in whole or in part by the SEP Offset Amount. This provision shall survive the termination of this Agreed Order.

5. Failure to Fully Perform

If Respondent does not perform its obligations under this Attachment A, including full expenditure of the SEP Offset Amount and submittal of the required reporting described in Sections 2 through 4 above, the Executive Director ("ED") may require immediate payment of all or part of the SEP Offset Amount as set forth in the attached Agreed Order.

In the event the ED determines that Respondent failed to fully implement and complete the Project, Respondent shall remit payment for all or a portion of the SEP Offset Amount, as determined by the ED, and as set forth in the attached Agreed Order. After receiving notice of failure to complete the SEP, Respondent shall include the docket number of the attached Agreed Order and a note that the enclosed payment is for reimbursement of a SEP, shall make the check payable to "Texas Commission on Environmental Quality," and shall mail it to:

Texas Commission on Environmental Quality
Litigation Division
Attention: SEP Coordinator, MC 175
P.O. Box 13087
Austin, Texas 78711-3087

6. Publicity

Any public statements concerning this Project made by or on behalf of Respondent must include a clear statement that **the Project was performed as part of the settlement of an enforcement action brought by the TCEQ**. Such statements include advertising, public relations, and press releases.

7. Recognition

Respondent may not seek recognition for this project in any other state or federal regulatory program.

8. Other SEPs by TCEQ or Other Agencies

The SEP Offset Amount identified in this Attachment A and in the attached Agreed Order has not been, and shall not be, included as a SEP for Respondent under any other Agreed Order negotiated with the TCEQ or any other agency of the state or federal government.

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

April 30, 2019

FIRST CLASS MAIL

The Honorable Cathy Young, Mayor
City of Chillicothe
P.O. Box 546
Chillicothe, Texas 79225

RE: City of Chillicothe
TCEQ Docket No. 2018-0316-MWD-E; Permit No. WQ0010639001
Agreed Order Assessing Administrative Penalties and Requiring Certain Actions

Enclosed is a copy of an order issued by the Commission.

Questions regarding the order should be directed to the Texas Commission on Environmental Quality's Enforcement Division at (512) 239-2545 or the Litigation Division at (512) 239-3400. If there are questions pertaining to the mailing of the order, then please contact Michael O'Malley of the Office of the Chief Clerk at (512) 239-3300.

Sincerely,

A handwritten signature in cursive script that reads "Bridget C. Bohac".

Bridget C. Bohac
Chief Clerk

BCB/mgo

Enclosure

cc: Christopher Moreno, Enforcement Coordinator, TCEQ Enforcement Division
Ryan Rutledge, SEP Coordinator, TCEQ Enforcement Division

FRANCHISE AGREEMENT
FOR THE COLLECTION, HAULING AND DISPOSAL OF
MUNICIPAL SOLID WASTE AND CONSTRUCTION AND DEMOLITION WASTE
IN THE CITY OF CHILLCOTHE, TEXAS

October 1, 2006

**FRANCHISE AGREEMENT
FOR THE COLLECTION, HAULING AND DISPOSAL OF
MUNICIPAL SOLID WASTE
IN THE CITY OF CHILLICOTHE, TEXAS**

STATE OF TEXAS

COUNTY OF CLAY

THIS EXCLUSIVE FRANCHISE AGREEMENT (this "Agreement") is made and entered into as of June ____, 2006 by and between IESI TX Corporation, a Texas Corporation (the "Service Provider"), and the City of Chillicothe, Texas, a municipal corporation of Clay County, Texas (the "City").

WHEREAS, the City, subject to the terms and conditions set forth herein and the ordinances and regulations of the City, desires to grant to the Service Provider the exclusive franchise, license and privilege to collect and haul all Municipal Solid Waste (as such term is defined herein) within the City's territorial jurisdiction.

NOW, THEREFORE, in consideration of the premises and the mutual promises, covenants and agreements set forth herein, the Service Provider and the City hereby agree as follows:

SECTION 1. DEFINED TERMS.

The following terms, as used herein, will be defined as follows:

Bulky Waste - Any Solid Waste not measuring in excess of either forty-eight (48) inches in length or fifty (50) pounds in weight, including, but not limited to, Construction and Demolition Waste, refrigerators, stoves, washing machines, water tanks, chairs, couches and tree trimmings.

Bundles - Solid Waste Items not measuring in excess of either forty-eight (48) inches in length or fifty (50) pounds in weight and which are securely fastened together, including, but not limited to, brush, newspapers and tree trimmings.

Business Day - Any day that is not a Saturday, a Sunday or other day on which banks are required or authorized by law to be closed in the City.

Commercial Unit - Any non-manufacturing commercial facility that generates and accumulates Municipal Solid Waste during, or as a result of, its business, including, but not limited to, restaurants, stores and warehouses.

Construction and Demolition Waste - Solid Waste resulting from construction or demolition activities or that is directly or indirectly the by-product of such activities, including, but not limited to, cartons, concrete, excelsior, gypsum board, metal, paper, plastic, rubber and wood products and regardless of whether such Solid Waste is mixed with or constitutes recyclable materials. Construction and Demolition Waste does not include Hazardous Waste or Municipal Solid Waste.

Container - Any receptacle, including, but not limited to, dumpsters, Roll-Offs and Roll-Outs, provided to the City by the Service Provider and utilized by a Commercial, Industrial or Residential Unit for collecting Municipal Solid Waste, Bulky Waste and/or Construction and Demolition Waste. Containers are designed to hold between ninety-five (95) gallons and forty (40) cubic yards of Municipal Solid Waste, Bulky Waste or Demolition Waste.

Hazardous Waste - Waste identified or listed as a hazardous waste by the administrator of the United States Environmental Protection Agency (EPA) under the federal Solid Waste Disposal Act, as amended

by the Resource Conservation and Recovery Act of 1976, as amended, or so classified by any federal or State of Texas statute, rule, order or regulation.

Handicapped Residential Unit - Any residential dwelling that is inhabited by persons, all of whom are physically handicapped to the extent that they are unable to place Municipal Solid Waste at the curbside, and that generates and accumulates Municipal Solid Waste. The identities of the members of a Handicapped Residential Unit shall be certified by the City Manager and agreed to by the Service Provider.

Holidays - The following days:

- (1) New Year's Day (January 1st)
- (2) Memorial Day
- (3) Independence Day (July 4th)
- (4) Labor Day
- (5) Thanksgiving Day
- (6) Christmas Day (December 25th).

Industrial Unit - Any manufacturing, mining or agricultural facility that generates and accumulates Municipal Solid Waste during, or as a result of, its operations.

Landfill - Any facility or area of land receiving Municipal Solid Waste or Construction and Demolition Waste and operating under the regulation and authority of the Texas Commission on Environmental Quality ("TCEQ") within the State of Texas, or the appropriate governing agency for landfills located outside the State of Texas.

Multi-Family Residential Unit - Any residential dwelling that is designed for, and inhabited by, multiple family units and that generates and accumulates Municipal Solid Waste.

Municipal Solid Waste - Solid Waste resulting from or incidental to municipal, community, commercial, institutional or recreational activities, industrial or manufacturing, mining, or agricultural operations. Municipal Solid Waste does not include Construction and Demolition Waste or Hazardous Waste regardless of whether such Solid Waste is mixed with or constitutes recyclable materials.

Residential Unit - Any residential dwelling that is either a Single-Family Residential Unit or a Multi-Family Residential Unit.

Roll-Off - A Container with twenty (20) cubic yards to forty (40) cubic yards of capacity.

Roll-Out - A Container with ninety-five (95) gallons of capacity.

Single-Family Residential Unit - Any residential dwelling that is designed for, and inhabited by, a single person or family unit and that generates and accumulates Municipal Solid Waste.

Solid Waste - As defined by the EPA under 40 C.F.R. § 261.2(a)(1), or by the State of Texas under the Solid Waste Disposal Act § 361.003(38).

White Good - Any item not measuring in excess of either three (3) cubic feet in size or fifty (50) pounds in weight and that is manufactured primarily from metal, including, but not limited to, a bath tub, heater, hot water heater, refrigerator, sink or washer and dryer.

SECTION 2. EXCLUSIVE FRANCHISE GRANT.

The City hereby grants to the Service Provider, in accordance with the City's ordinances and regulations governing the collection and hauling of all Municipal Solid Waste, Bulky Waste and Construction and Demolition Waste, the exclusive franchise, license and privilege to provide collection, removal and disposal services for all Municipal Solid Waste and Construction and Demolition Waste over,

upon, along and across the present and future streets, alleys, bridges and public properties within the City's territorial jurisdiction.

SECTION 3. OPERATIONS.

- A. Scope of Operations. It is expressly understood and agreed that the Service Provider will collect, haul and dispose of all Municipal Solid Waste, Bulky Waste and Construction and Demolition Waste (as provided in Sections 7 and 9.C.) (i) generated and accumulated by Commercial, Industrial and Residential Units, and (ii) placed within Containers by those Commercial, Industrial and Residential Units receiving the services of the Service Provider (or otherwise generated and accumulated in the manner herein provided by those Commercial Units, Industrial Units and Residential Units), all within the City's territorial jurisdiction, including any territories annexed by the City during the term of this Agreement (the "Services").

- **Residential Services**

The Service Provider shall provide curbside collection service for the collection of Municipal Solid Waste to each Single Family Residential Unit one (1) time a week.

- **Commercial/Industrial Services**

For Municipal Solid Waste collection other than for Single Family Residential Units, Service Provider shall provide Container collection service for the collection of Municipal Solid Waste to Commercial, Industrial and Multi-Family Residential Units according to individual agreement.

- B. Nature of Operations. The City hereby grants to the Service Provider, in accordance with the City's ordinances and regulations governing the collection and hauling of all Municipal Solid Waste and Construction and Demolition Waste, the title to all Municipal Solid Waste, Bulky Waste and Construction and Demolition Waste collected or hauled by the Service Provider over, upon, along and across the present and future streets, alleys, bridges and public properties within the City's territorial jurisdiction. All title to and liability for materials excluded from this Agreement shall remain with the generator of such materials. Title to Municipal Solid Waste, Bulky Waste and Construction and Demolition Waste shall pass to Service Provider when placed in Service Provider's collection vehicle, removed by Service Provider from a Container, or removed by Service Provider from a customer's premises, whichever occurs last.

SECTION 4. SINGLE-FAMILY RESIDENTIAL UNIT COLLECTIONS.

A. Single-Family Residential Units. The Service Provider will collect Municipal Solid Waste from Single-Family Residential Units one (1) time a week; provided, that such Municipal Solid Waste is placed within five (5) feet of the curbside of the Single-Family Residential Unit in (95) gallon Roll Outs no later than 7:00 a.m. on the scheduled collection day. Should excess waste continue to be placed outside of Container on a regular basis, the City shall require the residential unit to increase the number of collection containers of such waste.

B. Handicapped Residential Units. Notwithstanding anything to the contrary contained herein, the Service Provider agrees to assist Handicapped Residential Units with house-side collection of their Roll-Outs (as determined by City Manager and Service Provider); provided, that the Service Provider receives prior notice from the City concerning such special need required from a Handicapped Residential Unit. Service Provider shall provide forms for special service to the City for such requests. The City shall be responsible for all other accommodations required under the Americans with Disabilities Act in connection with the services rendered under this Agreement.

SECTION 5. COMMERCIAL AND MULTI-FAMILY RESIDENTIAL UNIT COLLECTIONS.

The Service Provider will collect Municipal Solid Waste from Commercial, Industrial and Multi-Family Residential Units once per week. The Service Provider shall only be responsible for collecting, hauling and disposing of Municipal Solid Waste placed inside the Containers provided by the Service Provider. However, the Service Provider shall be obligated to offer and provide sufficient service to Commercial, Industrial and Multi-Family Residential Units, and to increase or decrease, as necessary, the frequency of collection and the size or number of Containers so that Commercial, Industrial or Multi-Family Units' Municipal Solid Waste will be regularly contained. The Service Provider shall be compensated for these additional Services as provided for in Section 9.B. hereof.

SECTION 6. SPECIAL COLLECTIONS AND SERVICES.

Service Provider shall furnish to City (3) - three yard containers to be collected weekly free of charge.

SECTION 7. ROLL OFF SERVICES; BULKY WASTE AND BUNDLES.

- A. Due to the varied needs and/or specifications associated with the application and operation of Roll-Off services, rates for delivery, rental, cost per pull, and disposal fees associated with Roll Off service will be negotiated between the individual customers and Service Provider on an individual basis and will be billed and collected by Service Provider.
- B. The collection of all Bulky Items and other similar waste materials such as White Goods and Construction and Demolition Waste will be excluded from the Single Family Residential Unit collections and Commercial, Industrial and Multi Family Unit collections, and Service Provider will not be responsible for the collection of such items as a result of this Agreement; provided, however, that Service Provider will provide the Roll Off Services described above.
- C. Each Single Family Residential Unit located within in the corporate limits of the City that has proof of Solid Waste billing will be permitted to dispose of up to 800 pounds of Bulky Items and Bundles free of charge at the Service Provider's Solid Waste Transfer Facility, located at 11053 County Road 97 North, Vernon, Texas. Such free of charge disposal of Bulky Item or Bundles will be limited to one load with a total weight not to exceed 800 pounds of waste per calendar month. Customers will be charged for waste in excess of 800 pounds per calendar month and/or for additional loads at a rate of forty-five (\$47.94) dollars per ton. No cost disposal of Bulky Items, Bundles and other acceptable waste materials will be restricted to that specific residential unit from which it is generated. Items not included are tires, oil, and oil filters, hydraulic fluids, batteries, anti-freeze and other free liquids, rock, sand and concrete.

SECTION 8. TITLE TO EQUIPMENT.

Notwithstanding anything to the contrary contained herein, it is expressly understood and agreed that all equipment, including, but not limited to, Containers, provided by the Service Provider in connection with the Services, shall at all times remain the property of the Service Provider. In the event that any Container is lost, damaged or destroyed, the Service Provider shall promptly replace the Container.

SECTION 9. RATES AND FEES.

Subject to adjustment, as provided in Section 10 hereof, the rates and fees to be charged and received by the Service Provider are as follows:

- A. Single-Family Residential Unit Services. For the Services provided to Single-Family Residential Units under Section 4.A. hereof, the Service Provider shall charge \$15.25 per month per unit with one (1) cart. These rates apply to all Single-Family Residential Units that are located within the

City's territorial jurisdiction. Each additional cart as required will be provided and collected for \$7.50 each per month.

- B. Commercial, Industrial and Multi-Family Residential Unit Services. For the Services provided to Commercial, Industrial and Multi-Family Residential Units under Section 5 hereof, the Service Provider shall charge per month for each Container utilized the following rates:

CONTAINER		
SIZE	1x weekly	2x weekly
3 Cubic Yd dumpster	\$47.62	103.00

The foregoing rates apply to all Commercial, Industrial and Multi-Family Residential Units that are located within the City's territorial jurisdiction.

C. Roll-off containers for clean-up.

Roll off boxes utilized by the City for bulky waste and C&D material will be billed at the rate listed below;

Delivery Fee	\$75.00
Haul Fee	\$155.16
Disposal Fee	\$48.00 per ton

Locations of Roll Off containers will be in accordance with City ordinances and policies or as directed by the City Manager or Mayor.

Due to the needs and/or specifications associated with the application and operation of this type of service, the City grants an exclusive right to Service Provider for this type of service inside the corporate limits of the City.

D. Sludge Services.

The Service Provider will provide hauling and disposal services for sludge from the City's wastewater treatment plant using a 20-yard Roll Off Container; provided, that the sludge is tested, accompanied by requisite documentation of the State of Texas and meets the TCEQ's disposal guidelines. The City agrees to assist the Service Provider and, if necessary, agrees to adjust and regulate load weights in order to comply with the Texas Department of Transportation's weight guidelines. For the Services provided under this Section 9.D., the Service Provider will charge for each Container utilized the following fees:

Delivery Fee	\$75.00
Haul Fee	\$210.00
Disposal Fee	\$48.00 per ton

SECTION 10. RATE ADJUSTMENT.

- A. Consumer Price Index Adjustment. The rates will be adjusted by Service Provider annually, but no sooner than for the month of October, beginning in 2007, and may increase or decrease in accordance with the Consumer Price Index ("CPI"). "CPI" as used herein shall mean the revised Consumer Price Index for all urban consumers (CPI-U) in the Dallas-Fort Worth, Texas area, all items included, based on the latest available figures from the Department of Labor, Bureau of

Labor Statistics. The CPI's so used in each such adjustment will be those CPI's so published by such governmental authority during the preceding twelve (12) month period. The amount of increase or decrease for such adjustment shall be an amount equal to the percentage of the then existing rates which such CPI has so increased (or decreased, as applicable) for the 12-month period ending with the month for such CPI's so published are utilized.

- B. Operating Cost Adjustment. At any time during the term of this Agreement, the Service Provider may petition the City for additional rate and price adjustments at reasonable times on the basis of material or unusual changes in its cost of operations due to, or directly resulting from, increased ad valorem taxes, governmental regulations, or revised federal, state or local laws, ordinances or regulations. At the time of any such petition, the Service Provider shall provide the City with documents and records in reasonable form and sufficient detail to reasonably establish the necessity of any requested rate adjustment. Service Provider shall have the right to terminate this Agreement in the event the City fails or refuses to grant any such requested rate adjustment upon ninety (90) days written notice to the City.
- C. Landfill Cost Adjustment The parties acknowledge that the Municipal Solid Waste covered by this Agreement will be disposed of by the Service Provider at a Landfill(s) chosen by the Service Provider in its sole discretion (the "Initial Landfill(s)"). In the event that the Service Provider is unable to use the Initial Landfill(s) due to reasons out of its control, the Service Provider (i) shall have the right, in its sole discretion, to dispose of the Municipal Solid Waste covered by this Agreement at another Landfill of its choosing, and (ii) shall have the right to increase the rates by an amount equal to the sum of (x) the amount, if any, that the disposal fees charged to the Service Provider at such other Landfill exceed those previously charged to the Service Provider at the Initial Landfill(s), and (y) the amount, if any, that the transportation costs incurred by the Service Provider in connection with transporting the Municipal Solid Waste to such other Landfill exceed those that would have been incurred by the Service Provider if such Municipal Solid Waste was transported to the Initial Landfill(s).
- D. Governmental Fees. The parties acknowledge that the rates herein include all applicable fees, taxes or similar assessments incurred under federal, state and local laws, rules and ordinances (excluding sales taxes and taxes imposed on income) (the "Fees"). The parties acknowledge and understand that the Fees may vary from time to time, and, in the event any of such Fees are increased or additional Fees are imposed subsequent to the effective date of this Agreement, the parties agree that the rates herein shall be immediately increased by the amount of any such increase in Fees or additional Fees.
- E. Fuel Surcharges. City agrees to provide a fuel surcharge adjustment to Service provider when Diesel fuel exceeds the 2006 base price of \$2.85 per gallon established by this Agreement. City will utilize the following formula when Diesel fuel has exceeded the \$2.85 per gallon base price for four consecutive weeks.

.099 x monthly gross sanitation revenue x (difference in cost) of 2006 base price of Diesel fuel and current market price of Diesel fuel = monthly fuel cost adjustment

Notwithstanding anything to the contrary contained herein, the franchise fee shall not apply to any fuel surcharge imposed hereunder.

SECTION 11. SPECIAL PICKUPS.

The Service Provider and the owner or occupant of a Commercial, Industrial or Residential Unit may negotiate an agreement on an individual basis regarding the collection, hauling or disposal of Construction and Demolition Waste, Bulky Waste auto parts, dead animals, used tires, concrete, dirt, gravel, rock or sand by utilizing the Service Provider's roll-off Services.

SECTION 12. TERM OF AGREEMENT.

The term of this Agreement shall be for a period of five (5) years, commencing on October 1, 2006 and concluding on September 30, 2011. Effective October 1, 2007 and on each successive anniversary date thereafter, the term of this Agreement shall be adjusted to reflect a new five (5) year period, provided that neither party provides the other party with written notice of its intent not to extend this agreement at least (180) days prior to any future anniversary date of the Agreement.

SECTION 13. ASSIGNMENT.

This Agreement shall not be assignable or otherwise transferable by the Service Provider without the prior written consent of the City, which consent shall not be unreasonably withheld, conditioned or delayed. Notwithstanding the above, the Service Provider may assign its rights and obligations hereunder to any direct or indirect subsidiary or affiliate of the Service Provider or to any third party succeeding to all or substantially all of the Service Provider's assets (whether by operation of law, merger, consolidation or otherwise) without the City's approval.

SECTION 14. ENFORCEMENT.

During the term of this Agreement and any extension thereof, the City agrees to adopt and maintain ordinances and revise its existing ordinances so as to enable the Service Provider to provide the Services set forth herein. If the Service Provider experiences recurring problems of damage or destruction to or theft of the Containers provided by the Service Provider pursuant to this Agreement, the Service Provider may, prior to replacing or repairing such Containers, require security deposits from the Commercial, Industrial or Residential Units utilizing such Containers. The City grants the Service Provider a franchise and license to use the streets and public rights-of-way within the City's territorial jurisdiction to provide the services authorized pursuant to this Agreement.

SECTION 15. PROCESSING, BILLING, COLLECTION AND FEES.

- A. Service Provider agrees to bill the City at the rates called for in SECTION 9 (A), (B) and (C) for services provided to all Residential, Commercial and Municipal Units inside the corporate limits requiring collection and disposal of Municipal Solid Waste and sludge (together with all applicable sales, use, and service taxes assessed or payable in connection with the services provided hereunder and all costs incurred by Service Provider in connection with the preparation of such billing, LESS (I) a monthly billing and processing fee equal to five percent (5%) of the amount owing to Service Provider for services rendered during such month of the amount owing to Service Provider for services rendered during such month on or before the 10th day of the month immediately following the month such services were provided, commencing November 10, 2006. The City will remit to Service Provider an amount set forth in such bill on or before the 15th day of each month, commencing November 15, 2006. Service Provider shall provide to the City a monthly statement with each bill indicating the number and rate of Residential Units, as well as service type, size, location, and rate for Commercial Units, which have been billed for that month. Nothing herein shall prohibit the City from collecting sums from Residential Units and Commercial Units in addition to those sums billed by Service Provider herein. The City agrees that payments owing to Service Provider from the City pursuant to this Agreement shall be based on the services rendered by Service Provider, and Service Provider shall not be held responsible for the collection of "bad debt" owed to City for the services provided for herein and billed by the City, nor shall Service Provider be penalized for services rendered but unpaid by a customer. Nothing herein shall prevent the City from collecting sums in addition to the sums called for herein.
- B. Notwithstanding the above, the Service Provider will bill all Residential, Commercial and Industrial Units for the collection and disposal of Construction and Demolition Waste. No franchise fee shall apply to any amounts billed or collected by the Service Provider for such services.

SECTION 16. SPILLAGE.

It is understood and agreed that the Service Provider shall not be required to clean up, collect or dispose of any loose or spilled Municipal Solid Waste, Bulky Waste or Construction and Demolition Waste not caused by the Service Provider's rendering of the Services, or be required to collect and dispose of any excess Municipal Solid Waste placed outside of the Containers by any Commercial, Industrial or Residential Unit. The Service Provider shall report the location of such conditions to the City so that the City can issue proper notice to the owner or occupant of the Commercial, Industrial, or Residential Unit instructing the owner or occupant to properly contain such Municipal Solid Waste. Should excess Municipal Solid Waste continue to be placed outside of the Containers, the City shall require the Commercial, Industrial or Residential Unit to increase the number of collection containers of such Municipal Solid Waste, or require the Commercial or Industrial Unit to utilize a Container with sufficient capacity so that the excess Municipal Solid Waste will be regularly contained. The Service Provider shall be compensated for these additional Services as provided for in Section 9.B. hereof, and shall be entitled to receive an extra collection charge for each additional Container requiring an extra collection.

SECTION 17. NON-COLLECTION NOTICE AND FOLLOW-UP.

- A. Notice from the Service Provider. It is specifically understood and agreed that where the owner or occupant of a Commercial, Industrial or Residential Unit fails to timely place a Container as directed in Sections 4 and 5 hereof, or is otherwise in violation of the City's ordinances and regulations, the Service Provider's reasonable rules adopted hereunder or the provisions of this Agreement relating to the nature, volume or weight of Municipal Solid Waste to be removed, the Service Provider may refrain from collecting all or a portion of such Municipal Solid Waste and will notify the City within eight (8) hours thereafter of the reason for such non-collection.
- B. Notice from a Commercial, Industrial or Residential Unit. When the Service Provider is notified by an owner or occupant of a Commercial, Industrial or Residential Unit that Municipal Solid Waste has not been removed from such Commercial, Industrial or Residential Unit and where no notice of non-collection or a change in collection schedule has been received by the owner, or the Service Provider has failed to collect Municipal Solid Waste from the Commercial, Industrial or Residential Unit without cause, as supported by notice as described herein, then the Service Provider will use all reasonable efforts to collect such Municipal Solid Waste on the next day following the non-collection complaint; provided, however, that if the Service Provider fails to make such collection on the same day that a non-collection complaint is issued by the Commercial, Industrial, or Residential Unit, the Service Provider shall make such collection no later than 12:00 p.m. on the following Scheduled Service Day, and there shall be no charge to the Service Provider for any such original non-collection or late collection so long as the Service Provider makes such collection within such time. It is specifically understood and agreed that where the Service Provider fails to make scheduled collections, the Service Provider shall assume full responsibility for the container and its contents until such time as the collection is made.

SECTION 18. HOURS OF SERVICE.

For all the Services provided hereunder, the Service Provider's hours of service shall be between 7:00 a.m. to 7:00 p.m., Monday through Friday. The Service Provider will not be required to provide service on weekends or Holidays except during natural disasters or emergencies, and will provide a one week notice to City concerning its Holiday schedule prior to any Holiday.

SECTION 19. CUSTOMER SERVICE.

All complaints shall be made directly to the City and Service Provider shall give prompt and courteous attention to all such complaints. In the case of alleged missed scheduled collections, the Service Provider shall investigate and, if such allegations are verified, shall arrange for the collection of the Municipal Solid Waste and Construction and Demolition Waste not collected on the following scheduled collection day after the complaint is received. The Service Provider shall maintain an office or such other

facilities through which it can be contacted. It shall be equipped with sufficient telephones and a toll-free number and shall have a responsible person in charge from 8:00 a.m. to 5:00 p.m. Monday through Friday. The City and the Service Provider agree to cooperate with each other in the resolution of complaints.

SECTION 20. COMPLIANCE WITH APPLICABLE LAWS.

The Service Provider shall comply with all applicable federal, state, and local laws regarding the collection, hauling and disposal of Municipal Solid Waste, Bulky Waste and Construction and Demolition Waste, including existing and future laws that may be enacted, as well as any regulations reasonably passed by the City that are not in derogation of this Agreement. Nothing in this Agreement shall be construed in any manner to abridge the City's right to pass or enforce necessary police and health regulations for the reasonable protection of its inhabitants. The City shall have the right to make reasonable inspections of the Service Provider in order to insure compliance with this Section 20.

SECTION 21. VEHICLES AND EQUIPMENT.

Vehicles used by the Service Provider for the collection, hauling and disposal of Municipal Solid Waste, Bulky Waste and Construction and Demolition Waste shall be protected at all times while in transit to prevent the blowing or scattering of Municipal Solid Waste, Bulky Waste and Construction and Demolition Waste onto the City's public streets, or properties adjacent thereof, and such vehicles shall be clearly marked with the Service Provider's name in letters and numbers not less than two (2) inches in height. All collection vehicles used by the Service Provider shall be washed and deodorized once per week.

SECTION 22. DUE CARE.

The Service Provider shall exercise due care and caution in providing the Services so that the City's public and private property, including streets and parking areas, will be protected and preserved.

SECTION 23. PERSONNEL AND PERFORMANCE STANDARDS.

The Service Provider shall not deny employment to any person on the basis of race, creed or religion, and will insure that all federal and state laws pertaining to salaries, wages and operating requirements are met or exceeded. The Service Provider, its agents, servants and employees shall perform the Services in a courteous, competent and professional manner. During the term of this Agreement and any extension thereof, the Service Provider shall be responsible for the actions of its agents, servants and employees while such agents, servants and employees are acting within the scope of their employment or agency.

SECTION 24. INSURANCE COVERAGE.

Pursuant to this Agreement, the Service Provider shall carry the following types of insurance in an amount equal to or exceeding the limits specified below:

<u>Coverage</u>	<u>Limits of Liability</u>
(1) Worker's Compensation	Statutory
(2) Employer's Liability	\$500,000
(3) Bodily Injury Liability (except automobile)	\$500,000 per occurrence; \$1,000,000 in the aggregate
(4) Property Damage Liability (except automobile)	\$500,000 per occurrence; \$1,000,000 in the aggregate

(5) Automobile Bodily Injury Liability	\$500,000 per person; \$1,000,000 per occurrence
(6) Automobile Property Damage Liability	\$500,000 per occurrence
(7) Excess Umbrella Liability	\$1,000,000 per occurrence

To the extent permitted by law, any or all of the insurance coverage required by this Section 24 may be provided under a plan(s) of self-insurance, including coverage provided by the Service Provider's parent corporation. Upon the City's request, the Service Provider shall furnish the City with a certificate of insurance verifying the insurance coverage required by this Section 24.

SECTION 25. INDEMNITY.

The Service Provider assumes all risks of loss or injury to property or persons arising from its performance of the Services. The Service Provider agrees to indemnify and hold harmless the City and its agents, directors, employees, officers, and servants from and against any and all suits, actions, legal proceedings, claims, demands, damages, costs, liabilities, losses or expenses (including, but not limited to, reasonable attorneys' fees) incident to its performance of the Services that arise out of a willful or negligent act or omission of the Service Provider, its officers and employees. However, the Service Provider shall not be liable for any legal proceedings, claims, demands, damages, costs, expenses and attorneys' fees arising out of a willful or negligent act or omission of the City, its agents, directors, employees, officers and servants.

SECTION 26. HAZARDOUS WASTE.

Notwithstanding anything to the contrary contained herein, this Agreement shall not cover the collection, hauling or disposal of any Hazardous Waste.

SECTION 27. SAVINGS PROVISION.

In the event that any term or provision of this Agreement shall be determined by a court of competent jurisdiction to be invalid or unenforceable, this Agreement shall, to the extent reasonably possible, remain in force as to the balance of its terms and provisions as if such invalid term or provision were not a part hereof.

SECTION 28. INTENTIONALLY DELETED.

SECTION 29. FORCE MAJEURE.

The performance of this Agreement may be suspended and the obligations hereunder excused in the event and during the period that such performance is prevented by a cause or causes beyond the reasonable control of such party. The performance of this Agreement will be suspended and the obligations hereunder excused only until the condition preventing performance is remedied. Such conditions shall include, but not be limited to, acts of God, acts of war, terrorists, accident, explosion, fire, flood, riot, sabotage, unusually severe weather, lack of adequate fuel, or judicial or governmental laws or regulations.

SECTION 30. GOVERNING LAW AND VENUE.

This Agreement shall be governed by the laws of the State of Texas. Venue for any cause of action arising under the terms or provisions of this Agreement or the Services to be performed hereunder shall be in the courts of proper jurisdiction of Wichita County, Texas.

SECTION 31. ACKNOWLEDGMENT.

The parties acknowledge that the failure of the Service Provider to collect, haul and dispose of Municipal Solid Waste and Construction and Demolition Waste in the City might damage the City in a way that could not be adequately compensated by monetary damages. The parties therefore agree that a breach or threatened breach of the Service Provider's obligations hereunder may appropriately be restrained by an injunctive order, granted by a court of appropriate jurisdiction.

SECTION 32. FAILURE TO PERFORM; TERMINATION.

If any time the Service Provider shall fail to substantially perform any term, covenant or condition herein set forth, City shall notify the Service Provider by registered or certified mail addressed to the Service Provider at the address set forth herein of specific reasons in support of City's claim that the Service Provider has substantially breached the terms and provisions of this Agreement. The service Provider shall be allowed a ninety (90) day period from the date of receipt of said notice from City to remedy any failure to perform. Should City deem the failure to perform remedied, no hearing shall be held.

Should the Service Provider fail to remedy its performance, the City may terminate this Agreement and the rights and privileges granted to the Service Provider herein, after a hearing as described herein. A notice shall be sent to the Service Provider no earlier than (5) days before a hearing is scheduled. The notice shall specify the specific reasons in support of the City's claim that the Service Provider has substantially breached any term or provision of this Agreement. Should the City still deem the Service Provider to have failed in its performance, said hearing shall be conducted by the City Council and the Service Provider shall be allowed to be present and shall be given full opportunity to answer such claims as are set out against it. If, after said hearing, the City Council makes a finding the Service Provider has failed to provide adequate refuse collection service for the City, or has otherwise substantially failed to perform its duties hereunder, the City Council may, by majority vote, terminate this Agreement.

The Service Provider shall be deemed to be in breach of this Agreement for (i) any failure to substantially perform any material term or provision of this Agreement, (ii) a failure to provide and maintain the insurance requirements set forth in this Agreement, (iii) the commencement of bankruptcy proceedings or proceedings relating to insolvency or receivership, or any act of insolvency including, but not limited to, a transfer of a substantial portion of assets to or for the benefit of creditors, (iv) noncompliance with any applicable provision of federal, state or local laws or regulations, or (v) the use of any landfill, transfer station, incinerator or other waste processing center or site to unload or deposit Municipal Solid Waste and Construction and Demolition Waste that is known by the Service Provider to not be licensed, permitted or approved by all relevant government bodies and agencies having jurisdiction thereof.

This space is intentionally blank.

SECTION 33. ACCEPTANCE.

PASSED AND APPROVED BY THE CITY COUNCIL MEETING AT A TIME AND PLACE IN
COMPLETE CONFORMITY WITH THE OPEN MEETING LAWS OF THE STATE OF TEXAS
AND ALL OTHER APPLICABLE LAWS THIS 10th DAY OF ~~JUNE~~ July, 2006.

IESI TX CORPORATION
2301 Eagle Parkway, Suite 200
Fort Worth, Texas 76177

By: _____
Jeff Peckham
Vice President

CITY OF CHILLICOTHE

PO BOX 546
CHILLICOTHE, TX 79225-0546

By: Wallace Clay
Name: Wallace Clay
Title: Mayor

ATTEST:

By: Marsha Jo Stone
Name: Marsha Jo Stone
Title: City Secretary

**FIRST AMENDMENT TO FRANCHISE AGREEMENT FOR THE COLLECTION,
HAULING AND DISPOSAL OF MUNICIPAL SOLID WASTE AND CONSTRUCTION
AND DEMOLITION WASTE IN THE CITY OF CHILLICOTHE, TEXAS**

This First Amendment ("First Amendment") to Franchise Agreement for the Collection, Hauling and Disposal of Municipal Solid Waste and Construction and Demolition Waste in the City of Chillicothe, Texas is entered into this 21 day of September 2023, by and between the City of Chillicothe (the "City") and Waste Connections Lone Star, Inc. (the "Contractor"). City and Contractor may be referred to herein collectively as the "Parties".

WHEREAS, the Parties entered into that certain Franchise Agreement for the Collection, Hauling and Disposal of Municipal Solid Waste and Construction and Demolition Waste in the City of Chillicothe, Texas on or about October 1, 2006 (the "Agreement");

WHEREAS, the Parties desire to amend the Agreement to address provisions relating to Roll-Off services, Bulky Items and such other amendments as set forth more particularly herein;

NOW, THEREFORE, in consideration of the mutual promises herein, the parties, intending to be legally bound, hereby agree as follows:

1. Roll-Off Services; Bulky Waste and Bundles. Subsection C of Section 7 of the Agreement is hereby deleted in its entirety and replaced with the following:

"City Roll-Off Services. Municipal Solid Waste and Construction and Demolition Waste Roll-Offs: The Service Provider will haul and dispose of the contents of up to two (2) Roll-Offs each contract year (excluding the months of April, May and June) at no cost to the City. Any such Roll-Offs that contain more than five (5) tons of Solid Waste will be charged for all tonnage over five (5) tons at the disposal fee rate.

Any Services set forth in this Section that are not utilized by the City within any contract year, will not carry over to the next contract year."

2. Ratification; Full Force and Effect. All terms and provisions of the Agreement not amended hereby, either expressly or by necessary implication, shall remain in full force and effect.

3. Conflicting Provisions. In the event of any conflict between the original terms of the Agreement and this First Amendment, the terms of this First Amendment shall prevail.

4. Authorization. Each party executing this First Amendment represents and warrants that it is duly authorized to cause this First Amendment to be executed and delivered.

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment as of the
21 day of September, 2023.

CITY OF CHILLICOTHE

By: Cathy Yang
Name: Cathy Yang
Title: Mayor

WASTE CONNECTIONS LONE STAR,
INC.

By: Greg Drury
Name: Greg Drury
Title: Division Vice President

CITY OF CHILLICOTHE
WASTEWATER TREATMENT PLANT
DISCHARGE PERMIT RENEWAL

ATTACHMENT 8
FRANCHISE AGREEMENT FOR COLLECTION, HAULING AND DISPOSAL
DOMESTIC TECHNICAL REPORT 1.0 - 9

Compose

- Inbox 5
- Unread
- Starred
- Sent
- Drafts 1
- Scheduled
- Trash
- Spam
- Archive
- Folders ▾
- More

← Back



Contacts

More

☰ Inbox

Sludge Landfill

Sludge Disposal Based on Lab Report

Reply

Buffalo Creek Landfill at 1499 W Smith Ave Iowa Park Texas 76367 and 1 more

The disposal of sludge depends on the lab report's classification, with Class 2 going to Buffalo Creek Landfill and Class 1 to Turkey Creek Landfill, affecting transportation costs.

Note

- Determine the class of the sludge based on the lab report results
- Transport the sludge to the appropriate landfill

Created by Yahoo Mail ⓘ

Was this message summary helpful?



Ad removed.

[Show details](#)

Cory Glassburn

To: me, Cc: Jared · Tue, Oct 28 at 9:24 AM ▾

To whom it may concern,

If the lab report come backs a Class 2, the sludge goes to Buffalo Creek Landfill at 1499 W. Smith Ave, Iowa Park, Texas 76367.

If the reports come back as Class 1, the sludge goes to Turkey Creek Landfill at 9100 1-35W, Alvarado, Texas 76009.

Pricing is different depending on which class it is, based on transportation.

Cory Glassburn | Municipal Marketing Manager

Waste Connections

Northwest Texas Market

1201 W. Smith Ave.

Iowa Park, TX 76367

Office: 940.592.5050 | Mobile: 940.257.1940 | Fax: 940.592.5115



WASTE CONNECTIONS
Connect with the Future.

Reply

Reply all

Forward

Storage

cochtx@ya...

Candice Calhoun

From: Peter Schaefer
Sent: Tuesday, December 2, 2025 6:30 PM
To: Candice Calhoun
Subject: RE: Permit No. WQ0010639001 - Application Pre-Review Requests

Yes, that's a type-O. It should be ...Red River Above Pease River in Segment 0206 of the Red River Basin.

Peter Schaefer, Team Leader
Standards Implementation Team (MC 150)
Water Quality Assessment Section
Water Quality Division, TCEQ
email: peter.schaefer@tceq.texas.gov
phone: 512-239-4372
fax: 512-239-4420

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

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, December 2, 2025 11:10 AM
To: Peter Schaefer <peter.schaefer@tceq.texas.gov>
Subject: FW: Permit No. WQ0010639001 - Application Pre-Review Requests

Good morning, Peter,

Could you please double check the discharge route for this one. I want you/your team's approval first before I change anything in the notice. The applicant is saying there is a typo. I have highlighted the word below.

to an unnamed ditch, thence to Wanderers Creek, thence to the Red River Above Pease Riverin
Segment No. 0206 of the Red River Basin

Regards,



Candice Courville
License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental
Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

From: Candice Calhoun

Sent: Tuesday, November 25, 2025 11:46 AM

To: WQD-ICIS <WQD-ICIS@tceq.texas.gov>; Jessica Alcoser <Jessica.Alcoser@Tceq.Texas.Gov>

Subject: Permit No. WQ0010639001 - Application Pre-Review Requests

Good morning,

A pending TPDES renewal application for WQ0010639001 is available and requires the following reviews:

2. Pretreatment pre-tech review
3. ARP Coders

A copy of the application is available at:  [wq0010639001-application-original.pdf](#)

A collaborative file containing the required reviews and forms to complete is available under the  [Admin](#) subfolder within the Application Record.

Regards,



Candice Courville

License & Permit Specialist

ARP Team | Water Quality Division

Texas Commission on Environmental
Quality

512-239-4312

candice.calhoun@tceq.texas.gov

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

Candice Calhoun

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Friday, November 28, 2025 11:06 AM
To: Candice Calhoun
Cc: Michelle Stovall; Alicia Gonzales
Subject: Re: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency
Attachments: 11.25.2025 TCEQ Package - Admin 1.pdf

Good morning Candace,

We have completed our response to your comments and have attached the updated document package in this email.

If you have any additional questions, please do not hesitate to reach out.

Thank you,



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, November 25, 2025 1:08 PM
To: coctx@yahoo.com <coctx@yahoo.com>
Cc: Juan Granados <Juan.Granados@burgessniple.com>
Subject: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency

You don't often get email from candice.calhoun@tceq.texas.gov. [Learn why this is important](#)

Good afternoon, Ms. Young,

The attached Notice of Deficiency (NOD) letter dated **November 25, 2025**, requests additional information needed to declare the application administratively complete. Please send complete response no later than **December 9, 2025**.

If you have any questions, please let me know.

Regards,



Candice Courville

License & Permit Specialist

ARP Team | Water Quality Division

Texas Commission on Environmental
Quality

512-239-4312

candice.calhoun@tceq.texas.gov

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

Note:

These electronic documents are provided by Burgess & Niple (B&N) as a convenience to our clients.

It is our professional opinion that this electronic information provides information current as of the date of its release. Any use of this information is at the sole risk and liability of the user. The user is responsible for updating information to reflect any changes in the information following the preparation date of this transmittal. The delivery of this information in electronic format is for the benefit of the owner for whom the services have been performed. Nothing in the transfer should be construed to provide any right to third parties to rely on the information provided, or that the use of this information implies the review and approval of Burgess & Niple.

Candice Calhoun

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Monday, December 1, 2025 3:28 PM
To: Candice Calhoun
Cc: Michelle Stovall; Alicia Gonzales
Subject: Re: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency

Good afternoon,

Thank you for your response, Candice. Item 1 - Noted.

Item 2, please see the USPS screenshot below, our address is tricky with how our office park is divided.

10801 N MOPAC EXPY BLDG 2-340
AUSTIN, TX 7859-5568

ZIP Code™ by Address

You entered:

10801 N. MOPAC EXPRESSWAY BLDG 2-340
AUSTIN TX
78759

If more than one address matches the information provided, try narrowing your search by entering number. **Edit and search again.**

10801 N MOPAC EXPY BLDG 2-340
AUSTIN TX **78759-5568**

Do you need revised Administrative Report sheets for this?

The NORI shown below is accurate.

Thank you for your quick reviews.



Juan Granados, E.I.T.

Water/Wastewater Engineer III

Burgess & Niple, Inc.

o. 614.459.2050

c. 205.461.7922

10801-2 N. Mopac Expressway - Suite 340

Austin, TX 78759

burgessniple.com

From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>

Sent: Monday, December 1, 2025 3:17 PM

To: Juan Granados <Juan.Granados@burgessniple.com>

Cc: Michelle Stovall <cochtx@yahoo.com>; Alicia Gonzales <Alicia.Gonzales@burgessniple.com>

Subject: RE: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency

You don't often get email from candice.calhoun@tceq.texas.gov. [Learn why this is important](#)

Good afternoon, Juan,

Thank you, your response to items 1, 3, 4 and 5 is sufficient. However, more information is needed for item 2. Also, there are notes for items 1 and 5. Please see below.

- Item 1 – after relooking at the physical address originally provided, we are going to go ahead and leave the physical address as is, so the location description will not need to be added.
- Item 2 – the mailing address provided cannot be verified with USPS. Please provide a verifiable mailing address.

<p><small>*Street Address</small></p> <div style="border: 1px solid #ccc; padding: 2px;">10801-2 n mopac expressway</div> <p><small>Unfortunately, this information wasn't found. Please double-check it and try again.</small></p>	<p><small>Apt/Suite/Other</small></p> <div style="border: 1px solid #ccc; padding: 2px;">ste 340</div>
<p><small>City</small></p> <div style="border: 1px solid #ccc; padding: 2px;">austin</div>	<p><small>State</small></p> <div style="border: 1px solid #ccc; padding: 2px;">TX - Texas ▼</div>
<p><small>ZIP Code™</small></p> <div style="border: 1px solid #ccc; padding: 2px;">78759</div>	
<div style="background-color: #2c3e50; color: white; padding: 5px 15px; display: inline-block; border-radius: 3px;">Find</div>	

- Item 5 – The NORI has been updated to read:

APPLICATION. City of Chillicothe, P.O. Box 546, Chillicothe, Texas 79225, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010639001 (EPA I.D. No. TX0053066) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 131,000 gallons per day. The domestic wastewater treatment facility is located at 335 Avenue F North, near the city of Chillicothe, in Hardeman County, Texas 79225. The discharge route is from the plant site to an unnamed ditch; thence to Wanderers Creek; thence to the Red River Above Pease Riverin. TCEQ received this application on November 24, 2025. The permit application will be available for viewing and copying at Chillicothe City Hall, Reception Desk, 14051 U.S. Highway 287 North, Chillicothe, in Hardeman County, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.522777,34.260277&level=18>

Further information may also be obtained from City of Chillicothe at the address stated above or by calling Mr. Juan Granados, Burgess & Niple, Inc., at 205-461-7922.

If you have any additional questions, please let me know.

Regards,

Candice Calhoun

From: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Sent: Tuesday, December 2, 2025 9:48 AM
To: Candice Calhoun; Juan Granados
Cc: Michelle Stovall
Subject: RE: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency
Attachments: Attachment 1 - 10400 Core Data Form.pdf

Good morning,

Attached is the updated Core Data Form. Also note that the NORI has a typo as shown below.

APPLICATION. City of Chillicothe, P.O. Box 546, Chillicothe, Texas 79225, has applied to the Elimination System (TPDES) Permit No. WQ0010639001 (EPA I.D. No. TX0053066) to authorize 131,000 gallons per day. The domestic wastewater treatment facility is located at 335 Avenue from the plant site to an unnamed ditch; thence to Wanderers Creek; thence to the Red River / application will be available for viewing and copying at Chillicothe City Hall, Reception Desk, : notice is published in the newspaper. The application is available for viewing and copying at th [permits/tpdes-applications](#). This link to an electronic map of the site or facility's general location, refer to the application.

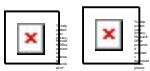
<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.522777,34.260277&level=18>

Further information may also be obtained from City of Chillicothe at the address stated above

If you have any additional questions, please let me know.

Thank you,
Alicia Gonzales,
Water/Wastewater EIT

Burgess & Niple, Inc.
512.306.9266 x7741
cell 505.695.5871
10801-2 N. Mopac Expressway | Suite 340
Austin, TX 78759
burgessniple.com



From: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Sent: Tuesday, December 2, 2025 8:20 AM
To: Juan Granados <Juan.Granados@burgessniple.com>

Cc: Michelle Stovall <coctx@yahoo.com>; Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Subject: RE: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency

Juan,

Oh, I see, thank you for explaining that it is a building number. Yes, please provide updated admin pages to reflect this. 😊

Regards,



Candice Courville

License & Permit Specialist
ARP Team | Water Quality Division
Texas Commission on Environmental
Quality
512-239-4312
candice.calhoun@tceq.texas.gov

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

From: Juan Granados <Juan.Granados@burgessniple.com>
Sent: Monday, December 1, 2025 3:28 PM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>
Cc: Michelle Stovall <coctx@yahoo.com>; Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Subject: Re: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency

Good afternoon,

Thank you for your response, Candice. Item 1 - Noted.

Item 2, please see the USPS screenshot below, our address is tricky with how our office park is divided.

10801 N MOPAC EXPY BLDG 2-340
AUSTIN, TX 7859-5568

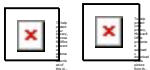
Candice Calhoun

From: Alicia Gonzales <Alicia.Gonzales@burgessniple.com>
Sent: Tuesday, December 2, 2025 10:04 AM
To: Candice Calhoun; Juan Granados
Cc: Michelle Stovall
Subject: RE: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency
Attachments: Updated Address - Admin 12.2.25.pdf

Also attached are the updated admin documents to reflect the UPS address.

Thank you,
Alicia Gonzales,
Water/Wastewater EIT

Burgess & Niple, Inc.
512.306.9266 x7741
cell 505.695.5871
10801-2 N. Mopac Expressway | Suite 340
Austin, TX 78759
burgessniple.com



From: Alicia Gonzales
Sent: Tuesday, December 2, 2025 9:48 AM
To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>; Juan Granados <Juan.Granados@burgessniple.com>
Cc: Michelle Stovall <coctx@yahoo.com>
Subject: RE: Application to Renew Permit No. WQ0010639001 [City of Chillicothe] - Notice of Deficiency

Good morning,

Attached is the updated Core Data Form. Also note that the NORI has a typo as shown below.

BURGESS & NIPLE

10801-2 N. Mopac Expressway | Suite 340 | Austin, TX 78737 | 512.432.1000 | burgessniple.com

November 25, 2025

Candice Courville
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality
P.O. Box 13087, Austin, Texas 78711-3087

Re: Application for Proposed Permit No.: WQ0010639001 (EPA I.D. No. TX0053066)
Applicant Name: City of Chillicothe (CN600337331)
Site Name: City of Chillicothe WWTP (RN102985355)
Type of Application: Renewal without changes

To Ms. Courville:

Comment 1: Core Data Form (CDF), Section III, Item 23: The physical address for the facility location provided could not be verified. Please confirm if the address provided is a 911 address. Also, provide a revised CDF to provide a location description.

Response 1: Core Data Form Section III, Item 23 and Items 25-28 have been updated per your request. Please refer to the attached location map for further directions.

Comment 2: Section 4.B of the administrative report: The mailing address could not be verified with USPS. Please confirm the mailing address. Also, provide a revised section 4.B, 5.B and 8.C, if applicable.

Response 2: Administrative Report Section 4.B, 5.B and 8.C have been updated per your request.

Comment 3: Section 8.D of the administrative report: The physical address provided does not match the physical address of the building per my verification. Please confirm the address and provide a revised section as needed.

Response 3: Administrative Report Section 8.D has been updated per your request.

Comment 4: Section 9, Items E and F: The owners of the effluent disposal site and sewage sludge disposal site were provided; however, the permit does not authorize an effluent or sewage sludge disposal site. Please provide a revised section to remove the mentioned information.

Response 4: Administrative Report Section 9, Items E and F has been updated per your request.

Comment 5: The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions.

BURGESS & NIPLE

10801-2 N. Mopac Expressway | Suite 340 | Austin, TX 78737 | 512.432.1000 | burgessniple.com

The complete notice will be sent to you once the application is declared administratively complete.

APPLICATION. City of Chillicothe, P.O. Box 546, Chillicothe, Texas 79225, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010639001 (EPA I.D. No. TX0053066) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 131,000 gallons per day. The domestic wastewater treatment facility is located at [PENDING APPLICANT RESPONSE], near the city of Chillicothe, in Hardeman County, Texas 79225. The discharge route is from the plant site to an unnamed ditch; thence to Wanderers Creek; thence to the Red River Above Pease Riverin. TCEQ received this application on November 24, 2025. The permit application will be available for viewing and copying at Chillicothe City Hall, Reception Desk, 14051 U.S. Highway 287 North, Chillicothe, in Hardeman County, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.522777,34.260277&level=18>

Further information may also be obtained from City of Chillicothe at the address stated above or by calling Mr. Juan Granados, Burgess & Niple, Inc., at 205-461-7922.

Response 5: The NORI should be as follows:

APPLICATION. City of Chillicothe, P.O. Box 546, Chillicothe, Texas 79225, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010639001 (EPA I.D. No. TX0053066) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 131,000 gallons per day. The domestic wastewater treatment facility's Pond Facility Boundary is located approximately 0.14 miles northwest of the intersection of North 1st Street and Avenue F North and its Primary Property Boundary is located 0.46 miles west of the intersection of North 1st Street and Avenue F North., near the city of Chillicothe, in Hardeman County, Texas 79225. The discharge route is from the plant site to an unnamed ditch; thence to Wanderers Creek; thence to the Red River Above Pease River. TCEQ received this application on November 24, 2025. The permit application will be available for viewing and copying at Chillicothe City Hall, Reception Desk, 14051 U.S. Highway 287 North, Chillicothe, in Hardeman County, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-99.522777,34.260277&level=18>

BURGESS & NIPLE

10801-2 N. Mopac Expressway | Suite 340 | Austin, TX 78737 | 512.432.1000 | burgessniple.com

Further information may also be obtained from City of Chillicothe at the address stated above or by calling Mr. Juan Granados, Burgess & Niple, Inc., at 205-461-7922.

Sincerely,



Juan Granados, E.I.T.
Project Manager

Enclosures: Updated Attachment 2 – Core Data Form Section III, Item 23 and Items 25-28
 Updated Administrative Report Section 4.B, 5.B, and 8.C
 Updated Administrative Report Section 8.D
 Updated Administrative Report Section 9.E, and 9.F
 Chillicothe Wastewater Treatment Plant Location Map

cc: Cathy Young, City of Chillicothe

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: [Click to enter text.](#)

Last Name, First Name: Granados, Juan

Title: Project Manager

Credential: E.I.T.

Organization Name: Burgess & Niple, Inc.

Mailing Address: 10801-2 N. Mopac Expressway Ste 340
78759

City, State, Zip Code: Austin, TX

Phone No.: 205-461-7922

E-mail Address: juan.granados@burgessniple.com

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: Reception Desk

Physical Address of Building: 14051 U.S. Highway 287 S.

City: Chillicothe

County: Hardeman

Contact (Last Name, First Name): Michelle Stovall

Phone No.: 940-852-5738 Ext.: [Click to enter text.](#)

E. Bilingual Notice Requirements

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Summary of Application in Plain Language Template

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

Attachment: [Attachment 2](#)

G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 102985355

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

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

City of Chillicothe WWTP

C. Owner of treatment facility: City of Chillicothe

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 Chillicothe

Mailing Address: P.O. Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5211

E-mail Address: cochtx@yahoo.com

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

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

E. Owner of effluent disposal site:

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

Last Name, First Name: [Click to enter text.](#)

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

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

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

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

City, State, Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

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

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

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

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

Last Name, First Name: [Click to enter text.](#)

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

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

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

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

City, State, Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

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

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

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒

Yes

☐

No

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

[Click to enter text.](#)

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

☒

Yes

☐

No

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

[Click to enter text.](#)

City nearest the outfall(s): City of Chillicothe

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

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


☒

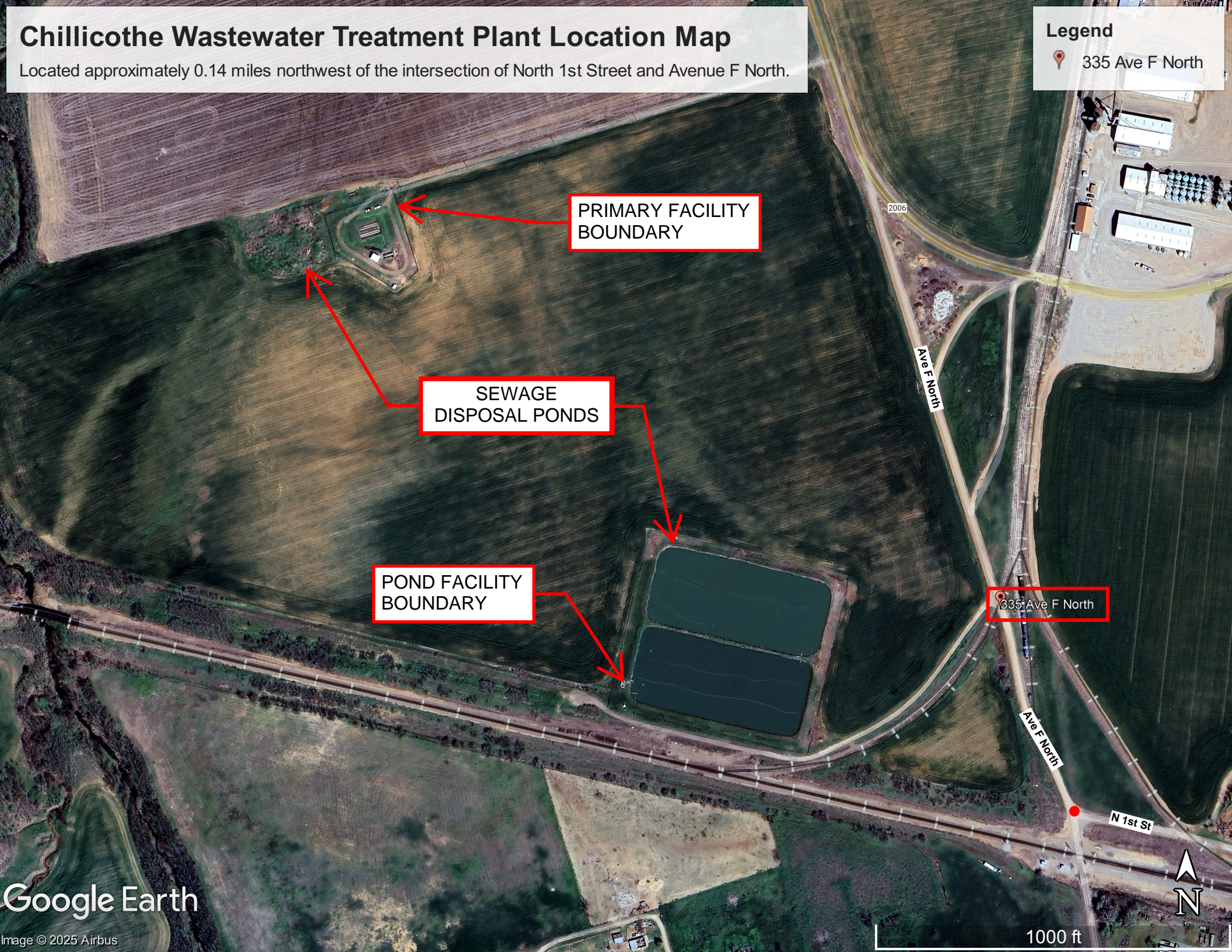
No

Chillicothe Wastewater Treatment Plant Location Map

Located approximately 0.14 miles northwest of the intersection of North 1st Street and Avenue F North.

Legend

 335 Ave F North



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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

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

C. Core Data Form

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

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: cochtx@yahoo.com

Check one or both: ☒

Administrative Contact

☐

Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Granados, Juan

Title: Project Manager

Credential: E.I.T.

Organization Name: Burgess & Niple, Inc.

Mailing Address: 10801 N. Mopac Expressway Bldg 2-340
78759-5568

City, State, Zip Code: Austin, TX

Phone No.: 205-461-7922

E-mail Address: juan.granados@burgessniple.com

Check one or both: ☒

Administrative Contact

☒

Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

B. Prefix: Click to enter text.

Last Name, First Name: Granados, Juan

Title: Project Manager

Credential: E.I.T.

Organization Name: Burgess & Niple, Inc.

Mailing Address: 10801 N. Mopac Expressway Bldg 2-340 City, State, Zip Code: Austin, TX 78759-5568

Phone No.: 205-461-7922

E-mail Address: juan.granados@burgessniple.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

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

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

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text.

Last Name, First Name: Young, Cathy

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Chillicothe

Mailing Address: PO Box 546

City, State, Zip Code: Chillicothe, TX 79225-0546

Phone No.: 940-852-5738

E-mail Address: coctx@yahoo.com

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

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

- ☐ E-mail Address
☐ Fax
☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: [Click to enter text.](#) Last Name, First Name: Granados, Juan
Title: Project Manager Credential: E.I.T.
Organization Name: Burgess & Niple, Inc.
Mailing Address: 10801 N. Mopac Expressway Bldg 2-340 City, State, Zip Code: Austin, TX 78759-5568
Phone No.: 205-461-7922 E-mail Address: juan.granados@burgessniple.com

D. Public Viewing Information

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

Public building name: City Hall
Location within the building: Reception Desk
Physical Address of Building: 14051 U.S. Highway 287 S.
City: Chillicothe County: Hardeman
Contact (Last Name, First Name): Michelle Stovall
Phone No.: 940-852-5738 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



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.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
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 600337331		RN 102985355

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)				
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership						
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)						
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>						
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>		
City of Chillicothe						
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
		17560004859		756000485	055305965	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:		
12. Number of Employees				13. Independently Owned and Operated?		
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following						
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:						
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant						
15. Mailing Address:	P.O. Box 546					
	City	Chillicothe	State	TX	ZIP 79225	ZIP + 4 0546
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)		
				cochtx@yahoo.com		

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(940) 852-5211		(940) 852-5797

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
City of Chillicothe WWTP								
23. Street Address of the Regulated Entity: (No PO Boxes)	335 Ave F N							
	City	Chillicothe	State	TX	ZIP	79225	ZIP + 4	
24. County	Hardeman							

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

25. Description to Physical Location:								
26. Nearest City					State	Nearest ZIP Code		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:						28. Longitude (W) In Decimal:		
Degrees	Minutes		Seconds		Degrees	Minutes		Seconds
29. Primary SIC Code	30. Secondary SIC Code		31. Primary NAICS Code			32. Secondary NAICS Code		
(4 digits)	(4 digits)		(5 or 6 digits)			(5 or 6 digits)		
4952			221320					
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
34. Mailing Address:	P.O. Box 546							
	City	Chillicothe	State	TX	ZIP	79225	ZIP + 4	546
35. E-Mail Address:	coctx@yahoo.com							
36. Telephone Number	37. Extension or Code				38. Fax Number (if applicable)			
(940) 852-5738					(940) 852-5797			

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

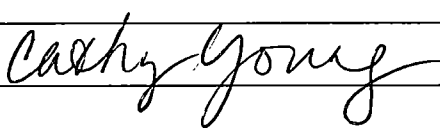
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Juan Granados	41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(205) 461-7922		() -	juan.granados@burgessniple.com

SECTION V: Authorized Signature

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

Company:	City of Chillicothe	Job Title:	Mayor
Name (In Print):	Cathy Young	Phone:	(940) 852- 5738
Signature:		Date:	9-26-25