Administrative Package Cover Page

This file contains the following documents:

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

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

ENGLISH

Texas Health and Human Services Commission (CN605437276) operates the Vernon State Hospital (RN101523595), a domestic wastewater treatment plant. The facility is located at 8407 FM 433, in Vernon, Wilbarger County, Texas 76384. This application is for a renewal without changes to discharge at a daily average flow not to exceed 17,000 gallons per day (0.017 million gallons per day) of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), *Escherichia coli*, chlorine residual, and pH. Domestic wastewater is treated by a wastewater treatment system and the treatment units include preliminary treatment, biological treatment processes, clarification, and disinfection with chlorine contact chambers to ensure pathogen reduction before discharge.

SPANISH

La Comisión de Salud y Servicios Humanos de Texas (CN605437276) opera la instalación Vernon State Hospital (RN101523595), una planta de tratamiento de aguas residuales domésticas. La instalación está ubicada en 8407 FM 433, en Vernon, Condado de Wilbarger, Texas 76384. Esta solicitud es para una renovación sin cambios para descargar a un flujo diario promedio que no exceda 17,000 galones por día (0.017 millones de galones por día) de aguas residuales domésticas tratadas a través del Punto de Descarga 001.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno de cinco días (DBO_5), sólidos suspendidos totales (SST), *Escherichia coli*, residuo de cloro y pH. Las aguas residuales domésticas son tratadas por un sistema de tratamiento de aguas residuales y las unidades de tratamiento incluyen tratamiento preliminar, procesos de tratamiento biológico, clarificación y desinfección con cámaras de contacto de cloro para garantizar la reducción de patógenos antes de la descarga

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0010651001

APPLICATION. Texas Health and Human Services Commission, 4730 College Drive, Vernon, Texas 76384, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010651001 (EPA I.D. No. TX0030732) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 17,000 gallons per day. The domestic wastewater treatment facility is located at 8407 Farm-to-Market Road 433 in the city of Vernon, in Wilbarger County, Texas. The discharge route is from the plant site to an unnamed ditch; thence to a ponded marsh; thence to Paradise Creek; thence to Pease River. TCEQ received this application on October 28, 2025. The permit application will be available for viewing and copying at Carnegie City-County Library, Main Desk, 2810 Wilbarger Street, Vernon, in Wilbarger 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=-99.297222,34.079166&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 Texas Health and Human Services Commission at the address stated above or by calling Ms. Natalia Rodriguez, ECG, LLC, at 832-776-5393.

Issuance Date: November 21, 2025

DomesticWastewater Permit

Application

Facility

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Wastewater Permit No:

WQ0010651001

ENVIRONMENTAL
CONSULTING GROUP

REQUEST FOR MINOR AMENDMENT TPDES Permit No. WQ0010651001

Dear TCEQ Permitting Staff,

The Texas Health and Human Services Commission respectfully requests a minor amendment to TPDES Permit No. WQ0010651001 for the Vernon State Hospital wastewater treatment facility located at 8407 FM 433, Vernon, Wilbarger County, Texas 76384.

Purpose of Amendment:

This amendment requests the reinstatement of a 21-day retention pond (evaporation pond) to the permitted treatment process and the corresponding removal of the chlorination disinfection requirement from the permit conditions.

Background:

The current disinfection method was changed when a new Activated Sludge package plant was installed during a previous construction project at the facility. At that time, the 21-day retention pond (evaporation pond) was removed from the permitted treatment process. Due to the removal of this pond and the resulting direct discharge from the plant to the public waterway, TCEQ required the addition of chlorination treatment as a disinfection method to protect water quality.

Current Treatment Process:

The facility currently operates as follows:

1. Untreated wastewater flows from the facility to the Activated Sludge plant at the influent bar screen chamber to remove foreign non-organic matter
2. Water proceeds to initial treatment at the aerated mix-liquor
3. Water flows to the primary clarifier for secondary treatment
4. Settled material from the primary clarifier is pumped to the aerobic digester
5. Water ready for discharge proceeds to the final effluent chamber where it is chlorinated for final treatment
6. Treated effluent leaves the treatment plant and travels to an unnamed ditch, thence to a ponded marsh area, then to Paradise Creek, thence to Pease River in Segment No. 0230 of the Red River Basin

Proposed Treatment Process:

We propose to modify Step 6 above as follows:

After leaving the plant, treated effluent will travel to the 21-day retention pond (evaporation pond) for further treatment and natural attenuation **before** it travels to the unnamed ditch, thence to the marsh ponded area, then to Paradise Creek, thence to Pease River in Segment No. 0230 of the Red River Basin.

Justification for Minor Amendment Classification:

We respectfully request that TCEQ consider this a minor amendment for the following reasons:

1. **Enhanced Water Quality Protection:** The addition of the 21-day retention pond provides an additional treatment barrier that will enhance downstream water quality protection beyond the current permitted treatment process.
2. **Reduced Discharge Frequency:** Due to the facility's minimal flow volume (daily average flow of 0.017 MGD) and the evaporation rate in this region, the retention pond historically prevented effluent from ever reaching the public waterway. The evaporation rate keeps the pond from reaching the outflow point, resulting in significantly reduced or eliminated discharge to waters of the state.
3. **Return to Previous Approved Method:** This amendment would restore the treatment process to the previously permitted configuration that was in place prior to the recent plant upgrade, which relied on natural evaporation and retention rather than chemical disinfection.
4. **No Increased Environmental Impact:** The proposed change does not increase discharge volume, does not add new pollutants, and does not adversely affect water quality. In fact, it provides additional treatment time and natural pathogen reduction through extended detention and solar radiation.
5. **No Change to Facility Capacity:** The amendment does not alter the permitted flow capacity of 0.017 MGD.

Requested Permit Modifications:

Based on this amendment, we anticipate the following permit modifications will be necessary:

- **Page 2, Item 2 (Disinfection Requirements):** Modification or removal of the chlorine residual requirement to reflect the use of the 21-day retention pond as the primary method of pathogen reduction and disinfection in lieu of chemical chlorination.
- **Treatment Process Description:** Update the permit's description of the treatment process to include the 21-day retention pond as the final treatment step prior to discharge.
- **Discharge Route Description:** Update the discharge route description to reflect that effluent passes through the 21-day retention pond before reaching the unnamed ditch.

We believe this amendment represents a minor modification that will result in enhanced environmental protection while returning the facility to a proven treatment configuration. The addition of the retention pond provides greater assurance that treated effluent will meet all water quality standards before any potential discharge to waters of the state.

We appreciate your consideration of this request and are available to provide any additional information or clarification needed to process this minor amendment with the renewal of th permit

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: TEXAS HEALTH AND HUMAN SERVICES COMMISSION

PERMIT NUMBER (If new, leave blank): WQ0010651001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☒
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☒

Payment Information:

Mailed — Check/Money Order Number: 02930598

Check/Money Order Amount: $315.00 paid by electronic transfer

Name Printed on Check: Health and Human Services Commission

EPAY — Voucher Number: $150 for Minor Ammendemnt paid by epay.

Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 26)

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

☐ Publicly Owned Domestic Wastewater

☒ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: Change in the disinfection method back to the previous practice before chlorination, which involved using a 21-day retention pond.

f. For existing permits:

Permit Number: WQ00 WQ0010651001

EPA I.D. (TPDES only): TX *TX0030732*

Expiration Date: May 11, 2026

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

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

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

Texas Health and Human Services Commission

(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: 605437276

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

Prefix: Mr. Last Name, First Name: Ragland, Albert

Title: Director Credential: Click to enter text.

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

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

C. Core Data Form

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

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: Miss. Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: n/a

Organization Name: ECG

Mailing Address: 4015 Cherrywood Rd City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalcgroup.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Appleby, Marty

Title: Plant Maintenance Manager Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: 940-552-4104 E-mail Address: Marty.Appleby@hhs.texas.gov

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Appleby, Marty

Title: Plant Maintenance Manager Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: 940-552-4104 E-mail Address: Marty.Appleby@hhs.texas.gov

B. Prefix: Mr. Last Name, First Name: Reeves, Patrick

Title: Assistant plant manager Credential: Click to enter text.

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 414-1738 E-mail Address: Patrick.Reeves@hhs.texas.gov

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mrs. Last Name, First Name: Roper, Deidre

Title: Administration Assistant III - Maintenance Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 552-4101 E-mail Address: Deidre.Roper@hhs.texas.gov

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

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

Prefix: Mr. Last Name, First Name: Appleby, Marty

Title: Plant Maintenance Manager Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: : (940) 552-4104 E-mail Address: Marty.Appleby@hhs.texas.gov

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Miss Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4015 cherrywood rd City, State, Zip Code: Austin TX 78722

Phone No.: 832-776-5393 E-mail Address: Natalia@environmentalcgroup.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: Miss Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: n/a

Organization Name: ECG, LLC

Mailing Address: 4015 Cherrywood Rd City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalCgroup.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: Carnegie City-County Library

Location within the building: Main desk

Physical Address of Building: 2810 Wilbarger Street

City: Vernon County: Wilbarger

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

Phone No.: 940) 552-2462 Ext.: n/a

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

G. Public Involvement Plan Form

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

Attachment: n.a

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101523595

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):

Vernon State Hospital- South Campus

Owner of treatment facility: Vernon State Hospital

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

C. 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: Vernon State Hospital

Mailing Address: 8407 FM City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 552-9901 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: n/a

D. Owner of effluent disposal site:

Prefix: n/a Last Name, First Name: n/a

Title: n/a Credential: n/a

Organization Name: n/a

Mailing Address: n/a City, State, Zip Code: n/a

Phone No.: n/a E-mail Address: n/a

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

Attachment: n/a

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

Prefix: n/a Last Name, First Name: n/a

Title: n/a Credential: n/a

Organization Name: n/a

Mailing Address: n/a City, State, Zip Code: n/a

Phone No.: n/a E-mail Address: n/a

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

Attachment: n/a

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

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): Vernon

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: n/a

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: 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: WQ0010651001

Applicant: Texas Department of State Health Services (Old). Texas Health and Human Services Commision (New)

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): Albert Rayland

Signatory title: Superintendent

Signature: _____ Date: 9-22-2025

(Use blue ink)

Subscribed and Sworn to before me by the said Albert Rayland

on this 22 day of September, 2025.

My commission expires on the January day of 5, 2029.

LINDA GAYLE SMITHWICK
Notary Public
STATE OF TEXAS
ID# 129055546
My Comm. Exp. Jan. 5, 2029
NOTARY WITHOUT BOND

Linda Gayle Smithwick
Notary Public

[SEAL]

Wilbarger
County, Texas

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): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.017 MGD

2-Hr Peak Flow (MGD): 0.06768 MGD

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: Final

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**.

Raw wastewater is sent to the Bar Screen influent from the initial lift station located at the plant for the initial screening of large debris. From there flow travels to the Clarifier for treatment. From the clarifier it is sent to the Aeration Basin for further treatment. After that, it flows to the Digester to settle out the solids. Then it flows to the Contact Chamber for Chlorination then to the Effluent Chamber where it flows to the retention pond for the last phase of treatment. This is where most of the water will evaporate, and if needed it is discharged to a marsh area on the property, then to Paradise Creek and subsequently to the Pease River in Segment No. 0230 of the Red River Basin.

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)
Clarifier	1	11' Diameter
A**eration Basin**	1	1**6'x11'**
D**igester**	1	6**'x11**

C. Process Flow Diagram

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

Attachment: Attachment G

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

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

- Latitude: 34.082515
- Longitude: -99.298478

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

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

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

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and

- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

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

Hospital

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
Hospital	North Texas State Hospital	**Publicly Owned**	500
		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: Click to enter text.

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 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). W***ater 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	8	8	1	Grab	8/6/25 8:00
Total Suspended Solids, mg/l	11.7	11.7	1	Grab	8/6/25 8:00
Ammonia Nitrogen, mg/l	27	27	1	Grab	8/6/25 8:05
Nitrate Nitrogen, mg/l	1.95	1.95	1	Grab	8/6/25 8:10
Total Kjeldahl Nitrogen, mg/l	—	—	—	—	—
Sulfate, mg/l	20.9	20.9	1	Grab	8/6/25 8:10
Chloride, mg/l	136	136	1	Grab	8/6/25 8:10
Total Phosphorus, mg/l	5.64	5.64	1	Grab	8/6/25 8:12
pH, standard units	8.5	8.5	1	Grab	8/6/25 8:24
Dissolved Oxygen*, mg/l	8.29	8.29	1	Grab	8/11/25
Chlorine Residual, mg/l	3.8	3.8	1	Grab	8/6/25 8:10
E.coli (CFU/100ml) freshwater	<2	<2	1	Grab	8/6/25 8:14
Entercocci (CFU/100ml) saltwater	<10	<10	1	Grab	8/6/25 8:16
Total Dissolved Solids, mg/l	520	520	1	Grab	8/6/25 8:18
Electrical Conductivity, µmohs/cm, †	—	—	—	—	—
Oil & Grease, mg/l	—	—	—	—	—
Alkalinity ($CaCO_3$)*, mg/l	242	242	1	Grab	8/6/25 8:20

*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: Patrick Reeves

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

Facility Operator's License Number: #WW0059445

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Not Applicable	1000lbs/year	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: IESI Buffalo Creek Landfill

TCEQ permit or registration number: 1571A

County where disposal site is located: Wichita County

E. Transportation method

Method of transportation (truck, train, pipe, other): Click to enter text.

Name of the hauler: Click to enter text.

Hauler registration number: Click to enter text.

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

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

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

  Attachment: Click to enter text.
- Site map:

  Attachment: Click to enter text.

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

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

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

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

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

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

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

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

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

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

  Attachment: Click to enter text.

E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

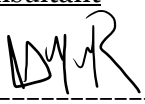
The following certification statement shall be signed and submitted with every application. See the Signature Page section in the Instructions, for a list of designated representatives who may sign the certification.

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: Natalia Rodriguez

Title: Consultant

Signature: 

Date: 11/11/25

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

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

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

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

Attachment: Click to enter text.

Section 2. Discharge into Tidally Affected Waters (Instructions Page 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: Click to enter text.

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

☐ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Click to enter text.

D. Downstream characteristics

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

☐ Yes ☐ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Click to enter text.

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

B. Waterbody uses

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

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

ENVIRONMENTAL
CONSULTING GROUP

Attachments

1. Epay Voucher
2. Core Data Form - TCEQ 10400
3. Summary Plain Language
4. SPIF
5. USGS Map
6. Flow Diagram
7. Lab reports

TEXAS S086 **UNIFORM STATEWIDE ACCOUNTING SYSTEM** 10/07/25 10:04 AM
LINK TO: ____ **DOCUMENT TRANSACTION INQUIRY** PROD
NEXT RECORD NO: 0000001

AGENCY: 529 **DOCUMENT NO/SUFFIX:** T2930598 ___

S	TRANS ID	EFF DT	APPN	M	INDEX	PCA	TC	PDDT	AY	COBJ	AOBJ	PAYMENT #	VENDOR NO/MC	REF DOC/SFX	FUND	CUR	TRANS AMOUNT	DOC/SFX	R
_	529	10/02/25	4	101	09043	225		10/26/25		GT	275018		02930598	000			300.00		_
		10/01/25	13036	_		03036	26	7210				35825825827		011	0001			T2930598	001
_	529	10/02/25	4	101	09044	225		10/26/25		GT	275018		02930598	000			15.00		_
		10/01/25	13036	_		03036	26	7210				35825825827		011	0001			T2930598	002

END OF LIST
TOP OF LIST
F1-HELP F3-END F4-INT F7-BACK F8-FWRD F9-S084 F10-S085 F11-S037 F12-S064

Purchase Voucher

Agency: 529
Health and Human Services Commission

Voucher Number: **02930598**
USAS Doc Number: **T2930598**
TCode: **AP-225-ITV**
Origin: **7TR**
Payee ID/Check/Mail: 3582582582/7/011

Payee Name / Address:
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
CASHIERS OFFICE
MC 214
PO BOX 13088
AUSTIN,TX 78711-3088

Freight Amount:	0.00
Gross Amount (includes Frt.):	315.00
Discount Amt Taken:	0.00
Payment Amount:	**315.00**

---------- FOLD HERE ----------

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount
1		0	630 170	WQ0010651001X 09262025	PERMIT PERMIT	**300.00**

ShipTo ID
E411

Contract# | Org PmtDt | IC | RC

Invoice DT:	09/26/2025	Reqt'd Pay DT :	10/01/2025
Inv Recv'd DT:	09/26/2025	Pay Due DT :	10/26/2025
Service DT	09/26/2025	PO DT:	

	Account	Entry Event	Fund	Dept	Program	Class	Ref	Prj/grant	Amount
1.1	721000		0001	F3E010	F2200	03036	2026	GR-SH	300.00

Open Item Key: | Conf: N | Certified Amt: 0.00

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount
2		0	638 051	WQ0010651001X 09262025	POSTAGE POSTAGE	**15.00**

ShipTo ID
E411

Contract# | Org PmtDt | IC | RC

Invoice DT:	09/26/2025	Reqt'd Pay DT :	10/01/2025
Inv Recv'd DT:	09/26/2025	Pay Due DT :	10/26/2025
Service DT	09/26/2025	PO DT:	

	Account	Entry Event	Fund	Dept	Program	Class	Ref	Prj/grant	Amount
2.1	721000		0001	F3E010	F2200	03036	2026	GR-SH	15.00

Open Item Key: | Conf: N | Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):
89th Legislature, Regular Session
Government Code, Chapter 771; General Appropriations Act (GAA), Article IX, Section 8.02, 89th Legislature, Regular Session. pages 46-47 (2025)

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into CAPPS
			10/01/2025

Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
			Emmons,Bridget G

Contact Name	Contact Phone(Area+Number)

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number:	582EA000694427
Date:	11/11/2025 01:30 PM
Payment Method:	CC - Authorization 000001188Q
ePay Actor:	NATALIA RODRIGUEZ
Actor Email:	natalia@environmentalcgroup.com
IP:	136.62.123.106
TCEQ Amount:	$150.00
Texas.gov Fee:	$3.63
Texas.gov Price:	$153.63*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name:	NATALIA RODRIGUEZ
Company:	ECG
Address:	4015 CHERRYWOOD RD, AUSTIN, TX 78722
Phone:	832-776-5393

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
793238	WW PERMIT - FACILITY WITH ANY FLOW - MINOR AMENDMENT		$100.00
793239	30 TAC 305.53B WQ NOTIFICATION FEE		$50.00
		TCEQ Amount:	$150.00

ePay Again | Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 605437276		**RN 101523595**

SECTION II: Customer Information

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

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

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

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

Texas Health and Human Service Commission

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
	32023011450		

11. Type of Customer:

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

12. Number of Employees

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

13. Independently Owned and Operated?

☐ **Yes** ☒ **No**

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

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

15. Mailing Address:

4730 College Drive

City	Vernon	**State**	TX	**ZIP**	76384	**ZIP + 4**	

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
	marty.appleby@hhs.texas.gov

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(940) 552-9901		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Vernon State Hospital

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	8407 FM 433							
	City	Vernon	**State**	TX	**ZIP**	76384	**ZIP + 4**	
24. County	Wilbarger							

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**

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

27. Latitude (N) In Decimal:	34.079175		**28. Longitude (W) In Decimal:**	-99.297187	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
8063		622210	

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

Hopital

34. Mailing Address:	4730 College Drive							
	City	Vernon	**State**	TX	**ZIP**	76384	**ZIP + 4**	
35. E-Mail Address:								

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(940) 552-9901		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0010651001			

SECTION IV: Preparer Information

40. Name:	Natalia Rodriguez	**41. Title:**	Consultant

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(832) 776-5393		( ) -	natalia@environmentalCgroup.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:	Vernon State Hospital	**Job Title:**	Director
Name *(In Print):*	Albert Ragland	**Phone:**	(940) 552- **4001**
Signature:	Albert Ragland	**Date:**	9-22-2025

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

ENGLISH

Texas Health and Human Services Commission (CN605437276) operates the Vernon State Hospital (RN101523595), a domestic wastewater treatment plant. The facility is located at 8407 FM 433, in Vernon, Wilbarger County, Texas 76384. This application is for a renewal without changes to discharge at a daily average flow not to exceed 17,000 gallons per day (0.017 million gallons per day) of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), *Escherichia coli*, chlorine residual, and pH. Domestic wastewater is treated by a wastewater treatment system and the treatment units include preliminary treatment, biological treatment processes, clarification, and disinfection with chlorine contact chambers to ensure pathogen reduction before discharge.

SPANISH

La Comisión de Salud y Servicios Humanos de Texas (CN605437276) opera la instalación Vernon State Hospital (RN101523595), una planta de tratamiento de aguas residuales domésticas. La instalación está ubicada en 8407 FM 433, en Vernon, Condado de Wilbarger, Texas 76384. Esta solicitud es para una renovación sin cambios para descargar a un flujo diario promedio que no exceda 17,000 galones por día (0.017 millones de galones por día) de aguas residuales domésticas tratadas a través del Punto de Descarga 001.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno de cinco días (DBO_5), sólidos suspendidos totales (SST), *Escherichia coli*, residuo de cloro y pH. Las aguas residuales domésticas son tratadas por un sistema de tratamiento de aguas residuales y las unidades de tratamiento incluyen tratamiento preliminar, procesos de tratamiento biológico, clarificación y desinfección con cámaras de contacto de cloro para garantizar la reducción de patógenos antes de la descarga

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: Texas Health and Human Services Commission

   Permit No. WQ00 0010651001 EPA ID No. TX 0030732

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

   8407 FM 433, Vernon, TX 76384

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

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

First and Last Name: Marty Appleby

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

Title: Consultant

Mailing Address: 4730 College Drive

City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 552-4104 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: Marty.Appleby@hhs.texas.gov

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

no

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

To unnamed ditch thence to a ponded marsh area; thence to paradise creek; thence to the Pease River in Segment No. 0230 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):

No changes. The proposed retention pond is already built, and it was actively used until last permit when was removed and the chlorination was added.

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

none

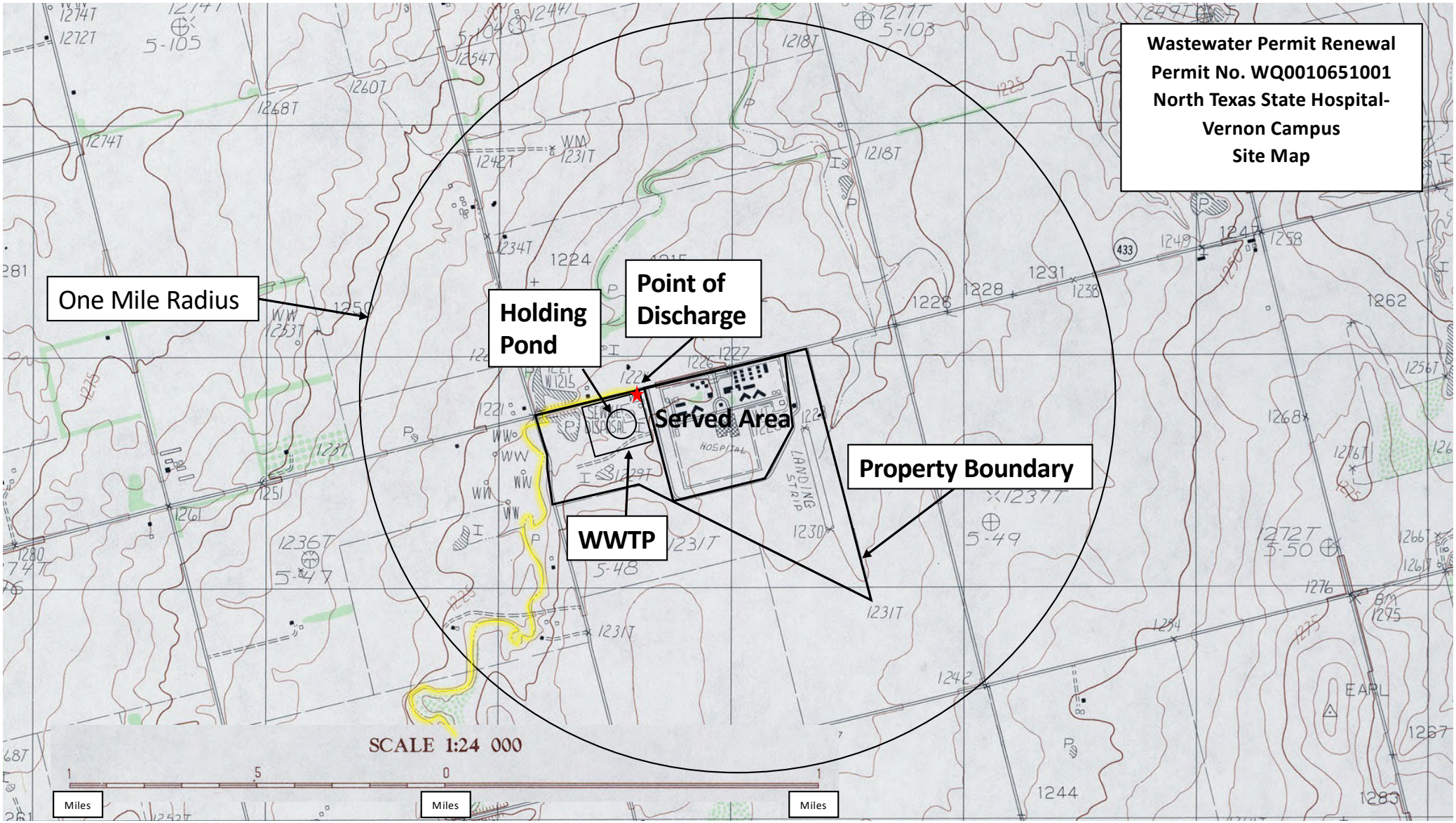
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

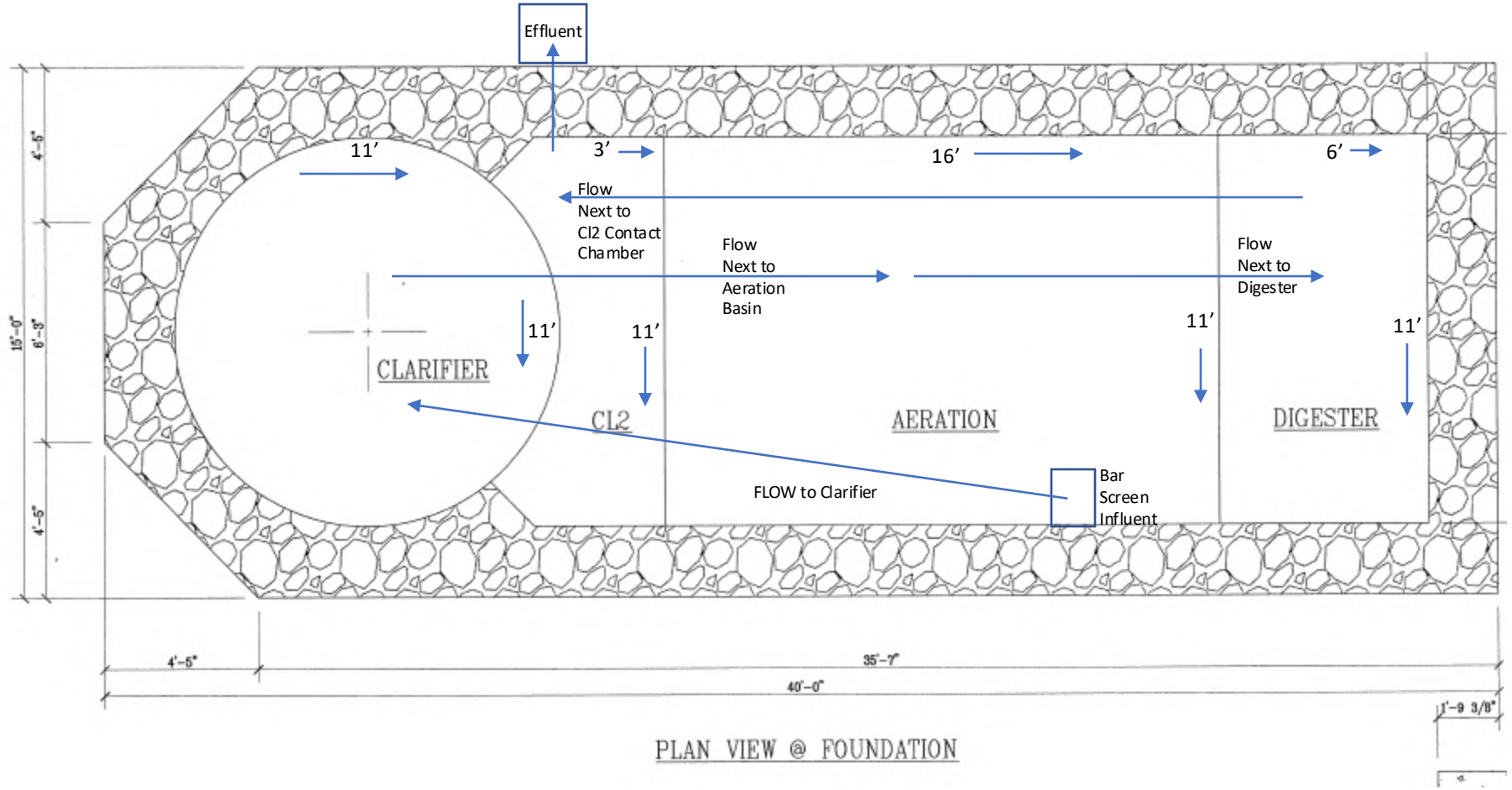
3. List construction dates of all buildings and structures on the property:

Unknown

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

Unknown


Wastewater Permit Renewal
Permit No. WQ0010651001
North Texas State Hospital-
Vernon Campus
Site Map
One Mile Radius
Holding Pond
Point of Discharge
Served Area
Property Boundary
WWTP
SCALE 1:24 000
1
5
0
1
Miles
Miles
Miles



PLAN VIEW @ FOUNDATION

RED RIVER AUTHORITY OF TEXAS

Laboratory Analysis Report

Job ID : 25080808

3000 Hammon Rd. Wichita Falls, Texas 76310

Report To :

Client Name: North TX State Hospital South
Attn: Marty Appleby
Client Address: 3407 FM 433 West
City, State, Zip: Vernon, TX, 76384

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

Client Sample ID	Matrix	Lab Sample ID
cBOD, TSS	Wastewater	25080808.01
Ammonia	Wastewater	25080808.02
Nitrate, Sulfate, Chloride	Wastewater	25080808.03
Total Phosphorus	Wastewater	25080808.04
E. Coli	Wastewater	25080808.05
Enterococcus	Wastewater	25080808.06
TDS	Wastewater	25080808.07
Alkalinity	Wastewater	25080808.08
TKN	Wastewater	25080808.09
PH	Wastewater	25080808.10

Released By: Tiarra Georges
Title: Quality Assurance Officer
Date: 08/19/2025

This Laboratory is NELAP accredited. State Lab ID: T104704274

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

Date Received : 08/06/2025 09:35 AM

LABORATORY TERMS AND QUALIFIER DEFINITION

Job ID : 25080808 Date Of Report : 08/19/2025

>	Result is greater than the value reported	ND	Not Detected
<	Result is less than the value reported	NE	Not Enough sample
BB	Broken Bottle	NS	Not Scheduled for analysis
BRL	Below Reporting Limit	ppb	parts per billion
CAS #	Chemical Abstracts Service registry number	ppm	parts per million
Conc.	Concentration	Q	Qualifier
CtrlLimit	Control Limit	Qb	Quality control batch
DF	Dilution Factor	QC	Quality Control
EB	Empty Bottle	Rec	Recovery
IF	Instrument Failure	RPD	Relative Percent Difference
LA	Lab Accident	Rpt Limit	Reporting Limit
LCS	Laboratory Check Standard	SM	Sample Matrix / Interference
LCSD	Laboratory Check Standard Duplicate	SMCL	Secondary Maximum Contaminant Level
MB	Missing Bottle	Spk	Spike
MCL	Maximum Contaminant Level	surr	Surrogate
mg/L	milligram per liter	SX	Sample
MS	Matrix Spike	SX Dup	Sample Duplicate
MSD	Matrix Spike Duplicate	TIC	Tentatively Identified Compound
N	Analyte is not NELAC accredited	ug/L	microgram per liter
N/A	Not Applicable	us/cm	micro-siemens per centimeter

*	Quality control analyte is outside of specified acceptance criteria.
B1	Analyte detected in the method blank at or above the method reporting limit.
D	Results are reported from a diluted aliquot of the sample.
H1	Sample was received properly, but analysis was performed past holding time.
H2	Sample was received and analyzed past allowable holding time.
J	The target analyte is detectable, but having greater quantitative uncertainty.
R	Data is of unknown quality and is rejected because of quality assurance or quality control deficiencies.
S	To indicate matrix or pre-digested spike sample recovery for an analysis is not within the specified control limit.
SC	Sample failed one or more requisites of the sample condition checklist.
URL	Upper Reporting Limit, compound detected for but not above reporting limit.
Q	Sample inadequately dechlorinated and adjusted for pH
HT	Holding Time in Hours. Used for E.Coli and Enterococcus analysis.
BOD1	BOD value based on < 2 mg/L corrected DO depletion after 5 days.
BOD2	Final DO value <1.0 after 5 days.
BODR	BOD GGA recovery did not meet laboratory acceptance criteria.
RS	Sample pH was unable to be adjusted to 6.0-8.0 SU prior to analysis.
MPN	Most Probable Number

Date Received : 08/06/2025

SAMPLE CONDITION CHECKLIST

Date: 08/19/2025 02:59 PM

Client Name : North TX State Hospital South		
Client Address : 3407 FM 433 West		
Job ID : 25080808	**Date Received :** 08/06/2025	**Time Received :** 09:35 AM
Temperature(°C) : 15.9	**pH Paper ID :** N/A	**Water Presevative:** H2SO4, Ice
Thermometer ID : 20	**Adjusted pH :** <2	**IDEXX Bottle Lot Number:** LY039V **Water Lot Number:** HS031825

Comments : Include actions taken to resolve discrepancies/problem:

Observed: __16.9__ Correction Factor: ___-1.0___ Actual: __15.9__ ___0.5___mL of 1:1 H2SO4, Lot Number__HS031825__, was added to T. Phos, Ammonia, and TKN adjusting the pH to <2, performed by RL, SB.

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

CheckIn By : rlawrence CheckIn Date : 08/08/2025

Received By : rlawrence

Chain of Custody

Laboratory Use Only: COC# 25080808

Red River Authority of Texas
Environmental Services Laboratory
P.O. Box 240, Wichita Falls, TX 76307-0240
3000 Hammon Rd, Wichita Falls, TX 76310-7500
Phone: 940-723-1717 • Fax: 940-723-6529
Website: www.rra.texas.gov • Email: lab@rra.texas.gov

NELAP ACCREDITED TNI LABORATORY

25080808

Report Information	
Company Name:	North Texas State Hospital
Contact Name:	Marty Appleby
Address:	3407 FM 433W
City / State / Zip:	Vernon Tx. 76384
Phone :	940-552-4100
Email:	Marty.Appleby@hhs.TEXAS.gov

Billing Information (if different from above)	
Contact Name:	Marty Appleby
Address:	P.O. Box 2231
City / State / Zip:	Vernon Tx. 76384
Phone :	940-552-4101
Email:	Marty.Appleby@hhs.Texas.gov

Project Information	
Priority:	□ Normal □ 50% Rush □ 100% Rush
Project Name:	NTSH South Campus
Project Location:	Final Effluent
Sampler Name/Sampler Affiliation	Ray Dudley
PO Number or Reference	

Matrix Codes: D = Drinking Water N = Non-Potable Water S = Solids O = Other_____

Preservation Codes: (Circle all that apply) 1 = None 2 = HNO3 3 = H2SO4 4 = HCl 5 = NaOH 6 = Ice 7 = Other_____

Container Type Codes: (Circle all that apply) P = Plastic G = Glass V = VOA Vial A = Amber I = IDEXX O = Other_____

Laboratory Use Only	Sample Description	Date(s) Collected	Time(s) Collected	Matrix Code	Preservation	# of Containers	(C)omp / (G)rab	Analysis Required: P.H.	TKN	Alkalinity	TDS	Enterococcus	E-Coli	Total Phosphorus	Nitrate, Sulfate, Chloride	Ammonia	CBOD, TSS
25080808.01	CBOD, TSS	8-6-25	08:00	N	6	1	G										✓
.02	Ammonia	8-6-25	08:05	N	6	1	G									✓	
.03	Nitrate, Sulfate, Chloride	8-6-25	08:10	N	6	1	G								✓		
.04	Total Phosphorus	8-6-25	08:12	N	6	1	G							✓			
.05	E. Coli	8-6-25	08:14	N	6	1	G						✓				
.06	Enterococcus	8-6-25	08:16	N	6	1	G					✓					
.07	TDS	8-6-25	08:18	N	6	1	G				✓						
.08	Alkalinity	8-6-25	08:20	N	6	1	G			✓							
.09	TKN	8-6-25	08:22	N	6	1	G		✓								
.10	P.H.	8-6-25	08:24	N	6	1	G	✓									

Sample Custody Documentation

Sampler's Name: (Signature) Ray Dudley	Date/Time Relinquished: 08-06-25 / 08:25	Received By: (Signature)	Date/Time Received: 8/6/25 / 08:25
Relinquished By: (Signature)	Date/Time Relinquished: 8/6/25 / 09:25	Received By: (Signature)	Date/Time Received:
Relinquished By: (Signature)	Date/Time Relinquished:	Received By Lab: (Signature)	Date/Time Received: 8/6/25 9:35

Special instructions/ comments: LY034V Ammonia, T.phos TKN
pH 6.9 0.5 ml HS031825 added

Preservation lot:	Therm ID.:	Correction Factor:	Final Temperature:
HS031825	20	-1.0	15.9

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

Sample Analysis Report

Sample ID:	25080808.01	Client ID:	cBOD, TSS	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:00 AM
Completed: 08/11/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00314	cBOD	08/11/2025	12:00	8	mg/L	1	2	SM 5210 B	Qb25081206	
00530	Solids, Total Suspended	08/06/2025	09:50	11.7	mg/L		2.5	SM 2540 D	Qb25081204	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.02	Client ID:	Ammonia	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:05 AM
Completed: 08/11/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00610	Nitrogen, Ammonia as N	08/11/2025	09:28	27.0	mg/L	10	0.05	SM 4500 NH3 D	Qb25081103	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.03	Client ID:	Nitrate, Sulfate, Chloride	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:10 AM
Completed: 08/08/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00620	Nitrate as N	08/08/2025	11:55	1.95	mg/L	1	0.05	EPA 300.0	Qb25080805	
00940	Chloride	08/08/2025	11:55	136	mg/L	1	10	EPA 300.0	Qb25080805	
00945	Sulfate	08/08/2025	11:55	20.9	mg/L	1	10	EPA 300.0	Qb25080805	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.04	Client ID:	Total Phosphorus	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:12 AM
Completed: 08/08/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00665	Total Phosphorus-P	08/08/2025	15:45	5.64	mg/L		0.06	SM 4500 P E	Qb25081102	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.05	Client ID:	E. Coli	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:14 AM
Completed: 08/06/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
31699	E. coli	08/06/2025	15:07	<2	MPN/100 mL	2	1	SM 9223 B	Qb25080804	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.06	Client ID:	Enterococcus	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:16 AM
Completed: 08/06/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
31701	Enterococcus	08/06/2025	14:30	<10	MPN/100 mL	10	1	IDEXX Enterolert	Qb25080803	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.07	Client ID:	TDS	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:18 AM
Completed: 08/10/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
70300	Solids, Total Dissolved	08/10/2025	10:00	520	mg/L	5	50	SM 2540 C	Qb25081501	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.08	Client ID:	Alkalinity	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:20 AM
Completed: 08/11/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00410	Alkalinity as CaCO3, Total	08/11/2025	08:30	242	mg/L		>20	SM 2320 B	Qb25081201	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.10	Client ID:	PH	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:24 AM
Completed: 08/08/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00400	pH	08/08/2025	13:11	8.5	S.U.		0.1	EPA 150.1	Qb25080808	H2

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Enterococcus, MPN **Method : IDEXX Enterolert** **Reporting Units : MPN/100mL**

QC Batch ID : Qb25080803 **Created Date :** 08/08/2025 11:21 AM **Created By :** sburgett

Samples in This QC Batch :

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Enterococcus	180	190	25083203.03	MPN/100	6.6					

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : E. coli, MPN **Method :** SM 9223 B **Reporting Units :** MPN/100mL

QC Batch ID : Qb25080804 **Created Date :** 08/08/2025 11:28 AM **Created By :** sburgett

Samples in This QC Batch : 25080808.06

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	E. coli	<2	<2	25080808.05	MPN/100						

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Anions **Method :** EPA 300.0 **Reporting Units :** mg/L

QC Batch ID : Qb25080805 **Created Date :** 08/08/2025 12:21 PM **Created By :** sburgett

Samples in This QC Batch : 25080808.05

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
LOQ	Chloride	4.80			mg/L			5.0	96.0	70-130	
LCSD	Chloride	39.9			mg/L	0.1	15	40	99.8	90-110	
LCS	Chloride	39.9			mg/L			40	99.7	90-110	
Duplicate	Nitrate as N	1.81	1.88	25080505.02	mg/L	3.9	15	0		85-115	
Duplicate	Nitrate as N	0	<0.05	25080506.01	mg/L	0.0	15	0		85-115	
LCS	Nitrate as N	2.04			mg/L			2	102.1	90-110	
LCSD	Nitrate as N	2.04			mg/L	0.0	15	2	102.1	90-110	
LOQ	Nitrate as N	0.0529			mg/L			0.05	105.8	70-130	
MS	Nitrate as N	2.29	1.89	25080504.01	mg/L			0.4	194.7	80-120	*
MS	Nitrate as N	2.25	1.84	25080504.02	mg/L			0.4	194.8	80-120	*
Duplicate	Nitrite as N	0	<0.05	25080505.02	mg/L	0.0	15	0		85-115	
Duplicate	Nitrite as N	0	<0.05	25080506.01	mg/L	0.0	15	0		85-115	
MS	Nitrite as N	0	<0.05	25080504.01	mg/L			0.4	0.0	80-120	*
MS	Nitrite as N	0	<0.05	25080504.02	mg/L			0.4	0.0	80-120	*
LCS	Sulfate	40.9			mg/L			40	102.3	90-110	
LCSD	Sulfate	40.9			mg/L	0.0	15	40	102.3	90-110	
LOQ	Sulfate	4.91			mg/L			5.0	98.3	70-130	

QC Type: Standard

QcType	Parameter	Resullt	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Chloride	50.9		50	101.7	90-110	
	Nitrate as N	3.05		3	101.5	90-110	
	Sulfate	51.2		50	102.4	90-110	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : pH, Aqueous (Standard Units) **Method :** EPA 150.1 **Reporting Units :** S.U.

QC Batch ID : Qb25080808 **Created Date :** 08/08/2025 01:16 PM **Created By :** schitwood

Samples in This QC Batch : 25080808.03

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	pH	8.5	8.5	25080808.10	S.U.	0.1	15	0			H2

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : **Total Phosphorus-P** **Method :** **SM 4500 P E** **Reporting Units :** **mg/L**

QC Batch ID : Qb25081102 **Created Date :** 08/11/2025 08:00 AM **Created By :** rlawrence

Samples in This QC Batch : 25080808.10

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Total Phosphorus-P	5.84	6.00	25080814.07	mg/L	2.7	15	0			
LCS	Total Phosphorus-P	0.46			mg/L			0.50	92.8	85-115	
LCSD	Total Phosphorus-P	0.49			mg/L	5	15	0.50	97.6	85-115	
LOQ	Total Phosphorus-P	0.06			mg/L			0.06	106.7	70-130	
MS	Total Phosphorus-P	3.82	3.28	25080814.08	mg/L			0.1905	91.4	80-120	

QC Type: Standard

QcType	Parameter	Resullt	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Total Phosphorus-P	0.98		1.10	88.6	80-120	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Nitrogen, Ammonia as N **Method : SM 4500 NH3 D** **Reporting Units : mg/L**

QC Batch ID : Qb25081103 **Created Date :** 08/11/2025 12:51 PM **Created By :** sburgett

Samples in This QC Batch : 25080808.04

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Nitrogen, Ammonia	0.65	0.65	25080706.03	mg/L	0.6	15				
Duplicate	Nitrogen, Ammonia	0.17	0.17	25080809.03	mg/L	5.3	15				
LCS	Nitrogen, Ammonia	0.47			mg/L			0.5	94.0	85-115	
LCSD	Nitrogen, Ammonia	0.50			mg/L	6.4	15	0.5	100.2	85-115	
LOQ	Nitrogen, Ammonia	0.05			mg/L			0.05	91.2	70-130	
MS	Nitrogen, Ammonia	0.23	0.19	25080810.02	mg/L			0.0498	90.2	80-120	

QC Type: Standard

QcType	Parameter	Resullt	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Nitrogen, Ammonia	0.52					

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Alkalinity as CaCO3, Total **Method : SM 2320 B** **Reporting Units : mg/L**

QC Batch ID : Qb25081201 **Created Date :** 08/12/2025 08:22 AM **Created By :** rlawrence

Samples in This QC Batch : 25080808.02

QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit		Q
Alkalinity as CaCO3, Total		<20	mg/L		>20		

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Alkalinity as CaCO3,	114	116	25083202.03	mg/L	1.7	15				
Duplicate	Alkalinity as CaCO3,	120	120	25083204.04	mg/L	0.0	15				
LCS	Alkalinity as CaCO3,	242			mg/L			250	96.8	85-115	
LCSD	Alkalinity as CaCO3,	252			mg/L	4	15	250	100.8	85-115	
LOQ	Alkalinity as CaCO3,	22.0			mg/L			20	110.0	70-130	
MS	Alkalinity as CaCO3,	528	276	25083201.05	mg/L			247.5	102.9	80-120	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : TSS **Method : SM 2540 D** **Reporting Units : mg/L**

QC Batch ID : Qb25081204 **Created Date :** 08/12/2025 10:47 AM **Created By :** rlawrence

Samples in This QC Batch : 25080808.08

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
LCS	Solids, Total Suspe	199			mg/L			200	99.6	85-115	
LCSD	Solids, Total Suspe	199			mg/L	0.0	15	200	99.6	85-115	
Duplicate	Solids, Total Suspe	74.0	82.0	25080609.02	mg/L	10.3	10				*
Duplicate	Solids, Total Suspe	106	112	25080706.02	mg/L	5.5	10				
LOQ	Solids, Total Suspe	2.2			mg/L			2.5	88.0	70-130	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : cBOD **Method : SM 5210 B** **Reporting Units : mg/L**

QC Batch ID : Qb25081206 **Created Date :** 08/12/2025 02:33 PM **Created By :** tgeorges

Samples in This QC Batch : 25080808.01

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	cBOD	<2	<2	25080509.01	mg/L	0.0	30				
GGA	cBOD	202			mg/L			198		85-115	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : TDS **Method : SM 2540 C** **Reporting Units : mg/L**

QC Batch ID : Qb25081501 **Created Date :** 08/15/2025 08:11 AM **Created By :** mtullock

Samples in This QC Batch : 25080808.01

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Solids, Total Dissolv	2840	2790	25083201.01	mg/L	1.7	10				
Duplicate	Solids, Total Dissolv	10700	11000	25083204.01	mg/L	2.3	10				
LCS	Solids, Total Dissolv	956			mg/L			1000	95.6	85-115	
LCSD	Solids, Total Dissolv	970			mg/L	1.5	15	1000	97.0	85-115	
LOQ	Solids, Total Dissolv	44.0			mg/L			50	88.0	70-130	

Refer to the Definition page for terms.

25080808

Laboratory Analysis Report

Total Number of Pages: 7

Job ID : 25081006

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

Client Project Name :
Project #25080808 / NTSH South Campus / Vernon, TX

Report To :	Client Name:	Red River Authority of Texas	P.O.#.:
	Attn:	Justlyn Ferrol	Sample Collected By: R. Dudley
	Client Address:	3000 Hammon Rd.	Date Collected: 08/06/25
	City, State, Zip:	Wichita Falls, Texas, 76310	

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

Client Sample ID	Matrix	A&B Sample ID
25080808.09 - TKN	Water	25081006.01

Released By: Dhamodharan Shanmugam
Title: Reporting Associate
Date: 8/19/2025

This Laboratory is NELAP (T104704213-23-31) accredited. Effective: 04/01/2025; Expires: 03/31/2026
Scope: Non-Potable Water, Drinking Water, Air, Solid, Biological Tissue, Hazardous Waste

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

ab-q210-0321

Date Received : 08/12/2025 10:22

25.1.31483

Report Number: RPT250819006

25080808

LABORATORY TERM AND QUALIFIER DEFINITION REPORT

Job ID : 25081006

Date: 8/19/2025

General Term Definition

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

Qualifier Definition

M6	Sample concentration high, more than 4X spike concentration. Control limits do not apply."The sample randomly selcted as QC for this batch was not part of your project. Therefore, this sample matrix is not applicable to your project samples."
M8	Matrix Spike and/or Matrix Spike Duplicate recovery is above laboratory control limits.

25080808

LABORATORY TEST RESULTS

Job ID : 25081006

Date 8/19/2025

Client Name:	Red River Authority of Texas	Attn: Justlyn Ferrol
Project Name:	Project #25080808 / NTSH South Campus / Vernon, TX	

Client Sample ID:	25080808.09 - TKN	Job Sample ID:	25081006.01
Date Collected:	08/06/25	Sample Matrix	Water
Time Collected:	08:22		
Other Information:			

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN	31.1	mg/L	10.00	2			08/15/25 00:08	SKC

ab-q212-0321

25080808

QUALITY CONTROL CERTIFICATE

Job ID : 25081006 **Date :** 8/19/2025

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

QC Batch ID : Qb25081584 **Created Date :** 08/14/25 **Created By :** Srijan

Samples in This QC Batch : 25081006.01

Sample Preparation : PB25081545 **Prep Method :** EPA 351.2_ **Prep Date :** 08/14/25 18:00 **Prep By :** Srijan

QC Type: Blank Result

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

QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
TKN	1	1.02	102	1	1.03	103	0.7	10	90-110	

QC Type: MS1 and MSD1
QC Sample ID: 25081042.01

Parameter	Sample Result	MS1 Spk Added	MS1 Result	MS1 % Rec	MSD1 Spk Added	MSD1 Result	MSD1 % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
TKN	2.55	1	3.68	114	1	3.65	110	0.9	10	90-110	M8

QC Type: MS2 and MSD2
QC Sample ID: 25081166.06

Parameter	Sample Result	MS2 Spk Added	MS2 Result	MS2 % Rec	MSD2 Spk Added	MSD2 Result	MSD2 % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
TKN	7.48	1	8.61	113	1	8.68	120	0.8	10	90-110	M6

25080808

The Chain of Custody is a Legal Document

Job ID:25081006

08/12/2025 Red River Authority of Tex ACH

www.ablabs.com

1. REPORT TO:	2. INVOICE TO:	3. PO #
Company: Red River Authority of TX	Company: Same	4. Turnaround Time- Business Days
Address: PO Box 240	Address:	☐ 1 Day * ☐ 5 Days *
Wichita Falls, TX 76307		☐ 2 Days * ☑ 7 Days-Standard
Contact: Justlyn Ferrol	Contact:	☐ 3 Days * ☐ Other _____
Phone: 940-723-1717	Phone:	* Surcharge Applies
Fax: 940-723-6529	Fax:	*Day Zero is the day sample is received. Report due at 5pm on due day.*
Email: justlyn.ferrol@rra.texas.gov	Email:	
CC: @rra.texas.gov	CC:	

A&B JOB ID

Project # 25080808

6. Project Name / Location

NTSH SOUTH CAMPUS / Vernon, Tx

7. Reporting Requirement

☐ TRRP Limits Only ☐ TRRP Rpt. Package ☐ See Attached ☑ Standard Level II

8. Sampler's Name & Company: R. Dudley NTSH

Sampler's Signature & Date: "on original COC"

9. Sample ID & Description	Lab Use Only	10. Sampling		11.		12. Matrix						13. No. of Containers	P	S						14. Containers*	15. Preservatives**	16. pH-Lab Only	18. Comments
		Date	Time	comp	grab	Water	Soil	Sludge	Oil	Air	Other		TKN										
25080808.09 - TKN	01A	8/6/2025	8:22		X	X						1	X										

19. RELINQUISHED BY	DATE	TIME	20. RECEIVED BY	DATE	TIME	KNOWN HAZARDS / COMMENT
1)	8/11/25	16:00	1) UPS			
2) UPS	8.12.25	1022	2) Brenda	8.12.25	1022	
3)			3)			

* Containers: VOA- 40 ml vial; 4 oz/8 oz- glass wide mouth; A/G- Amber/Glass 1 Liter; P/O- Plastic/other _____

**Preservatives: C-Cool H- HCl N- HNO3 S-H2SO4 OH- NaOH T-Na2S2O3 X- Other___

Temperature: 3.1 1200 Intact? ☐ Y ☐ N Initials BO

BILL OF LADING/TRACKING #

METHOD OF SHIPMENT

A&B CANNOT ACCEPT VERBAL CHANGES. PLEASE FAX WRITTEN CHANGES TO 713-453-6091 OR EMAIL THE NEW COC TO YOUR PROJECT MANAGER.

Samples will be disposed of after 30 days. A&B reserves the right to return samples.

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

6 LBS

1 OF 2

DWT: 16,11,10

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

TX 770 9-05

UPS NEXT DAY AIR

TRACKING #: 1Z A72 76T 01 9270 5852

1

BILLING: P/P

Reference #1: 25080808

XOL 25.08.13 NV45 33.0A 08/2025*

TM

25080808

Sample Condition Checklist

A&B JobID : **25081006**	Date Received : **08/12/2025**	Time Received : **10:22AM**
Client Name : **Red River Authority of Texas**		
Temperature : **3.1°C**	Sample pH : **<2 TKN**	
Thermometer ID : **IR10**	pH Paper ID : **128919**	
Perservative :	Lot# :	

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

Comments : Include actions taken to resolve discrepancies/problem:

Brought by : UPS

Received by : KSmith

Check in by/date : KSmith / 08/12/2025

ab-s005-1123

DomesticWastewater Permit

Application

Facility

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Wastewater Permit No:

WQ0010651001

ENVIRONMENTAL
CONSULTING GROUP

REQUEST FOR MINOR AMENDMENT TPDES Permit No. WQ0010651001

Dear TCEQ Permitting Staff,

The Texas Health and Human Services Commission respectfully requests a minor amendment to TPDES Permit No. WQ0010651001 for the Vernon State Hospital wastewater treatment facility located at 8407 FM 433, Vernon, Wilbarger County, Texas 76384.

Purpose of Amendment:

This amendment requests the reinstatement of a 21-day retention pond (evaporation pond) to the permitted treatment process and the corresponding removal of the chlorination disinfection requirement from the permit conditions.

Background:

The current disinfection method was changed when a new Activated Sludge package plant was installed during a previous construction project at the facility. At that time, the 21-day retention pond (evaporation pond) was removed from the permitted treatment process. Due to the removal of this pond and the resulting direct discharge from the plant to the public waterway, TCEQ required the addition of chlorination treatment as a disinfection method to protect water quality.

Current Treatment Process:

The facility currently operates as follows:

1. Untreated wastewater flows from the facility to the Activated Sludge plant at the influent bar screen chamber to remove foreign non-organic matter
2. Water proceeds to initial treatment at the aerated mix-liquor
3. Water flows to the primary clarifier for secondary treatment
4. Settled material from the primary clarifier is pumped to the aerobic digester
5. Water ready for discharge proceeds to the final effluent chamber where it is chlorinated for final treatment
6. Treated effluent leaves the treatment plant and travels to an unnamed ditch, thence to a ponded marsh area, then to Paradise Creek, thence to Pease River in Segment No. 0230 of the Red River Basin

Proposed Treatment Process:

We propose to modify Step 6 above as follows:

After leaving the plant, treated effluent will travel to the 21-day retention pond (evaporation pond) for further treatment and natural attenuation **before** it travels to the unnamed ditch, thence to the marsh ponded area, then to Paradise Creek, thence to Pease River in Segment No. 0230 of the Red River Basin.

Justification for Minor Amendment Classification:

We respectfully request that TCEQ consider this a minor amendment for the following reasons:

1. **Enhanced Water Quality Protection:** The addition of the 21-day retention pond provides an additional treatment barrier that will enhance downstream water quality protection beyond the current permitted treatment process.
2. **Reduced Discharge Frequency:** Due to the facility's minimal flow volume (daily average flow of 0.017 MGD) and the evaporation rate in this region, the retention pond historically prevented effluent from ever reaching the public waterway. The evaporation rate keeps the pond from reaching the outflow point, resulting in significantly reduced or eliminated discharge to waters of the state.
3. **Return to Previous Approved Method:** This amendment would restore the treatment process to the previously permitted configuration that was in place prior to the recent plant upgrade, which relied on natural evaporation and retention rather than chemical disinfection.
4. **No Increased Environmental Impact:** The proposed change does not increase discharge volume, does not add new pollutants, and does not adversely affect water quality. In fact, it provides additional treatment time and natural pathogen reduction through extended detention and solar radiation.
5. **No Change to Facility Capacity:** The amendment does not alter the permitted flow capacity of 0.017 MGD.

Requested Permit Modifications:

Based on this amendment, we anticipate the following permit modifications will be necessary:

- **Page 2, Item 2 (Disinfection Requirements):** Modification or removal of the chlorine residual requirement to reflect the use of the 21-day retention pond as the primary method of pathogen reduction and disinfection in lieu of chemical chlorination.
- **Treatment Process Description:** Update the permit's description of the treatment process to include the 21-day retention pond as the final treatment step prior to discharge.
- **Discharge Route Description:** Update the discharge route description to reflect that effluent passes through the 21-day retention pond before reaching the unnamed ditch.

We believe this amendment represents a minor modification that will result in enhanced environmental protection while returning the facility to a proven treatment configuration. The addition of the retention pond provides greater assurance that treated effluent will meet all water quality standards before any potential discharge to waters of the state.

We appreciate your consideration of this request and are available to provide any additional information or clarification needed to process this minor amendment with the renewal of th permit

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: TEXAS HEALTH AND HUMAN SERVICES COMMISSION

PERMIT NUMBER (If new, leave blank): WQ0010651001

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

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

For TCEQ Use Only

Segment Number _____County _____
Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	$350.00 ☐	$315.00 ☒
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☐
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☒

Payment Information:

Mailed — Check/Money Order Number: 02930598

Check/Money Order Amount: $315.00 paid by electronic transfer

Name Printed on Check: Health and Human Services Commission

EPAY — Voucher Number: $150 for Minor Ammendemnt paid by epay.

Copy of Payment Voucher enclosed? Yes ☒

Section 2. Type of Application (Instructions Page 26)

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

☐ Publicly Owned Domestic Wastewater

☒ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: Change in the disinfection method back to the previous practice before chlorination, which involved using a 21-day retention pond.

f. For existing permits:

Permit Number: WQ00 WQ0010651001

EPA I.D. (TPDES only): TX *TX0030732*

Expiration Date: May 11, 2026

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

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

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

Texas Health and Human Services Commission

(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: 605437276

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

Prefix: Mr. Last Name, First Name: Ragland, Albert

Title: Director Credential: Click to enter text.

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A Last Name, First Name: N/A

Title: N/A Credential: N/A

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

C. Core Data Form

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

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: Miss. Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: n/a

Organization Name: ECG

Mailing Address: 4015 Cherrywood Rd City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalcgroup.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Appleby, Marty

Title: Plant Maintenance Manager Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: 940-552-4104 E-mail Address: Marty.Appleby@hhs.texas.gov

Check one or both: ☒ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Appleby, Marty

Title: Plant Maintenance Manager Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: 940-552-4104 E-mail Address: Marty.Appleby@hhs.texas.gov

B. Prefix: Mr. Last Name, First Name: Reeves, Patrick

Title: Assistant plant manager Credential: Click to enter text.

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 414-1738 E-mail Address: Patrick.Reeves@hhs.texas.gov

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mrs. Last Name, First Name: Roper, Deidre

Title: Administration Assistant III - Maintenance Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 552-4101 E-mail Address: Deidre.Roper@hhs.texas.gov

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

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

Prefix: Mr. Last Name, First Name: Appleby, Marty

Title: Plant Maintenance Manager Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4730 College Drive City, State, Zip Code: Vernon, TX 76384

Phone No.: : (940) 552-4104 E-mail Address: Marty.Appleby@hhs.texas.gov

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Miss Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: n/a

Organization Name: Vernon State Hospital

Mailing Address: 4015 cherrywood rd City, State, Zip Code: Austin TX 78722

Phone No.: 832-776-5393 E-mail Address: Natalia@environmentalcgroup.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: Miss Last Name, First Name: Rodriguez, Natalia

Title: Consultant Credential: n/a

Organization Name: ECG, LLC

Mailing Address: 4015 Cherrywood Rd City, State, Zip Code: Austin, TX 78722

Phone No.: 832-776-5393 E-mail Address: natalia@environmentalCgroup.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: Carnegie City-County Library

Location within the building: Main desk

Physical Address of Building: 2810 Wilbarger Street

City: Vernon County: Wilbarger

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

Phone No.: 940) 552-2462 Ext.: n/a

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

   ☐ Yes ☒ No

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

G. Public Involvement Plan Form

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

Attachment: n.a

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101523595

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):

Vernon State Hospital- South Campus

Owner of treatment facility: Vernon State Hospital

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

C. 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: Vernon State Hospital

Mailing Address: 8407 FM City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 552-9901 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: n/a

D. Owner of effluent disposal site:

Prefix: n/a Last Name, First Name: n/a

Title: n/a Credential: n/a

Organization Name: n/a

Mailing Address: n/a City, State, Zip Code: n/a

Phone No.: n/a E-mail Address: n/a

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

Attachment: n/a

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

Prefix: n/a Last Name, First Name: n/a

Title: n/a Credential: n/a

Organization Name: n/a

Mailing Address: n/a City, State, Zip Code: n/a

Phone No.: n/a E-mail Address: n/a

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

Attachment: n/a

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

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): Vernon

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: n/a

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

- Applicant's property boundary
- Treatment facility boundary
- Labeled point of discharge for each discharge point (TPDES only)
- Highlighted discharge route for each discharge point (TPDES only)
- Onsite sewage sludge disposal site (if applicable)
- Effluent disposal site boundaries (TLAP only)
- New and future construction (if applicable)
- 1 mile radius information
- 3 miles downstream information (TPDES only)
- All ponds.

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: 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: WQ0010651001

Applicant: Texas Department of State Health Services (Old). Texas Health and Human Services Commision (New)

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): Albert Rayland

Signatory title: Superintendent

Signature: _____ Date: 9-22-2025

(Use blue ink)

Subscribed and Sworn to before me by the said Albert Rayland

on this 22 day of September, 2025.

My commission expires on the January day of 5, 2029.

LINDA GAYLE SMITHWICK
Notary Public
STATE OF TEXAS
ID# 129055546
My Comm. Exp. Jan. 5, 2029
NOTARY WITHOUT BOND

Linda Gayle Smithwick
Notary Public

[SEAL]

Wilbarger
County, Texas

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): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): 0.017 MGD

2-Hr Peak Flow (MGD): 0.06768 MGD

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: Final

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**.

Raw wastewater is sent to the Bar Screen influent from the initial lift station located at the plant for the initial screening of large debris. From there flow travels to the Clarifier for treatment. From the clarifier it is sent to the Aeration Basin for further treatment. After that, it flows to the Digester to settle out the solids. Then it flows to the Contact Chamber for Chlorination then to the Effluent Chamber where it flows to the retention pond for the last phase of treatment. This is where most of the water will evaporate, and if needed it is discharged to a marsh area on the property, then to Paradise Creek and subsequently to the Pease River in Segment No. 0230 of the Red River Basin.

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)
Clarifier	1	11' Diameter
A**eration Basin**	1	1**6'x11'**
D**igester**	1	6**'x11**

C. Process Flow Diagram

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

Attachment: Attachment G

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

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

- Latitude: 34.082515
- Longitude: -99.298478

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

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

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

- The boundaries of the treatment facility;
- The boundaries of the area served by the treatment facility;
- If land disposal of effluent, the boundaries of the disposal site and all storage/holding ponds; and

- If sludge disposal is authorized in the permit, the boundaries of the land application or disposal site.

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

Hospital

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
Hospital	North Texas State Hospital	**Publicly Owned**	500
		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: Click to enter text.

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

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

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 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). W***ater 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	8	8	1	Grab	8/6/25 8:00
Total Suspended Solids, mg/l	11.7	11.7	1	Grab	8/6/25 8:00
Ammonia Nitrogen, mg/l	27	27	1	Grab	8/6/25 8:05
Nitrate Nitrogen, mg/l	1.95	1.95	1	Grab	8/6/25 8:10
Total Kjeldahl Nitrogen, mg/l	—	—	—	—	—
Sulfate, mg/l	20.9	20.9	1	Grab	8/6/25 8:10
Chloride, mg/l	136	136	1	Grab	8/6/25 8:10
Total Phosphorus, mg/l	5.64	5.64	1	Grab	8/6/25 8:12
pH, standard units	8.5	8.5	1	Grab	8/6/25 8:24
Dissolved Oxygen*, mg/l	8.29	8.29	1	Grab	8/11/25
Chlorine Residual, mg/l	3.8	3.8	1	Grab	8/6/25 8:10
E.coli (CFU/100ml) freshwater	<2	<2	1	Grab	8/6/25 8:14
Entercocci (CFU/100ml) saltwater	<10	<10	1	Grab	8/6/25 8:16
Total Dissolved Solids, mg/l	520	520	1	Grab	8/6/25 8:18
Electrical Conductivity, µmohs/cm, †	—	—	—	—	—
Oil & Grease, mg/l	—	—	—	—	—
Alkalinity ($CaCO_3$)*, mg/l	242	242	1	Grab	8/6/25 8:20

*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: Patrick Reeves

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

Facility Operator's License Number: #WW0059445

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Not Applicable	1000lbs/year	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: IESI Buffalo Creek Landfill

TCEQ permit or registration number: 1571A

County where disposal site is located: Wichita County

E. Transportation method

Method of transportation (truck, train, pipe, other): Click to enter text.

Name of the hauler: Click to enter text.

Hauler registration number: Click to enter text.

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

- Original General Highway (County) Map:

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

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

  Attachment: Click to enter text.
- Site map:

  Attachment: Click to enter text.

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

☐ Overlap a designated 100-year frequency flood plain

☐ Soils with flooding classification

☐ Overlap an unstable area

☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

Attachment: Click to enter text.

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

Click to enter text.

B. Temporary storage information

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

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

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

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

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

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

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

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

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

  Attachment: Click to enter text.

E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

Section 12. Authorizations/Compliance/Enforcement (Instructions Page 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: Natalia Rodriguez

Title: Consultant

Signature: _____

Date: 11/11/25

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

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

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

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

Attachment: Click to enter text.

Section 2. Discharge into Tidally Affected Waters (Instructions Page 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: Click to enter text.

A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

☐ Intermittent - dry for at least one week during most years

☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Click to enter text.

D. Downstream characteristics

Do the receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.)?

☐ Yes ☐ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Click to enter text.

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

B. Waterbody uses

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

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

ENVIRONMENTAL
CONSULTING GROUP

Attachments

1. Epay Voucher
2. Core Data Form - TCEQ 10400
3. Summary Plain Language
4. SPIF
5. USGS Map
6. Flow Diagram
7. Lab reports

TEXAS S086 **UNIFORM STATEWIDE ACCOUNTING SYSTEM** 10/07/25 10:04 AM
LINK TO: ____ **DOCUMENT TRANSACTION INQUIRY** PROD
NEXT RECORD NO: 0000001

AGENCY: 529 **DOCUMENT NO/SUFFIX:** T2930598 ___

S	TRANS ID	EFF DT	APPN	M	INDEX	PCA	TC	PDDT	AY	COBJ	AOBJ	PAYMENT #	VENDOR NO/MC	REF DOC/SFX	FUND	TRANS AMOUNT	CUR	R DOC/SFX
_	529	10/02/25	4	101	09043	225	10/26/25		GT	2750	18		02930598	000		300.00		
		10/01/25	13036			03036	26	7210				35825825827		011	0001		T2930598	001
_	529	10/02/25	4	101	09044	225	10/26/25		GT	2750	18		02930598	000		15.00		
		10/01/25	13036			03036	26	7210				35825825827		011	0001		T2930598	002

END OF LIST
TOP OF LIST
F1-HELP F3-END F4-INT F7-BACK F8-FWRD F9-S084 F10-S085 F11-S037 F12-S064

Purchase Voucher

Agency: 529
Health and Human Services Commission

Voucher Number: **02930598**
USAS Doc Number: **T2930598**
TCode: **AP-225-ITV**
Origin: **7TR**
Payee ID/Check/Mail: 3582582582/7/011

Payee Name / Address:
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
CASHIERS OFFICE
MC 214
PO BOX 13088
AUSTIN,TX 78711-3088

Freight Amount:	0.00
Gross Amount (includes Frt.):	315.00
Discount Amt Taken:	0.00
Payment Amount:	**315.00**

---------- FOLD HERE ----------

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount
1		0	630 170	WQ0010651001X 09262025	PERMIT PERMIT	**300.00**

ShipTo ID
E411

Contract#	Org PmtDt	IC	RC				
				Invoice DT:	09/26/2025	Reqt'd Pay DT :	10/01/2025
				Inv Recv'd DT:	09/26/2025	Pay Due DT :	10/26/2025
				Service DT	09/26/2025	PO DT:	

	Account	Entry Event	Fund	Dept	Program	Class	Ref	Prj/grant		Amount
1.1	721000		0001	F3E010	F2200	03036	2026	GR-SH		300.00
	Open Item Key:					Conf: N			Certified Amt:	0.00

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount
2		0	638 051	WQ0010651001X 09262025	POSTAGE POSTAGE	**15.00**

ShipTo ID
E411

Contract#	Org PmtDt	IC	RC				
				Invoice DT:	09/26/2025	Reqt'd Pay DT :	10/01/2025
				Inv Recv'd DT:	09/26/2025	Pay Due DT :	10/26/2025
				Service DT	09/26/2025	PO DT:	

	Account	Entry Event	Fund	Dept	Program	Class	Ref	Prj/grant		Amount
2.1	721000		0001	F3E010	F2200	03036	2026	GR-SH		15.00
	Open Item Key:					Conf: N			Certified Amt:	0.00

Descriptive Legal Text (DLT Comments):
89th Legislature, Regular Session
Government Code, Chapter 771; General Appropriations Act (GAA), Article IX, Section 8.02, 89th Legislature, Regular Session. pages 46-47 (2025)

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into CAPPS
			10/01/2025
Approved By	**Approver Phone(Area+Number)**	**Date Approved**	**Entered By**
			Emmons,Bridget G

Contact Name	Contact Phone(Area+Number)

Your transaction is complete. Thank you for using TCEQ ePay.

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt and the vouchers for your records. An email receipt has also been sent.

Transaction Information

Trace Number:	582EA000694427
Date:	11/11/2025 01:30 PM
Payment Method:	CC - Authorization 000001188Q
ePay Actor:	NATALIA RODRIGUEZ
Actor Email:	natalia@environmentalcgroup.com
IP:	136.62.123.106
TCEQ Amount:	$150.00
Texas.gov Fee:	$3.63
Texas.gov Price:	$153.63*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name:	NATALIA RODRIGUEZ
Company:	ECG
Address:	4015 CHERRYWOOD RD, AUSTIN, TX 78722
Phone:	832-776-5393

Cart Items

Click on the voucher number to see the voucher details.

Voucher	Fee Description	AR Number	Amount
793238	WW PERMIT - FACILITY WITH ANY FLOW - MINOR AMENDMENT		$100.00
793239	30 TAC 305.53B WQ NOTIFICATION FEE		$50.00
		TCEQ Amount:	$150.00

ePay Again | Exit ePay

Note: It may take up to 3 working days for this electronic payment to be processed and be reflected in the TCEQ ePay system. Print this receipt for your records.

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 605437276		**RN 101523595**

SECTION II: Customer Information

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

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

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

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

Texas Health and Human Service Commission

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
	32023011450		

11. Type of Customer:

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

12. Number of Employees

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

13. Independently Owned and Operated?

☐ **Yes** ☒ **No**

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

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

15. Mailing Address:

4730 College Drive

City	Vernon	**State**	TX	**ZIP**	76384	**ZIP + 4**	

16. Country Mailing Information *(if outside USA)*	**17. E-Mail Address** *(if applicable)*
	marty.appleby@hhs.texas.gov

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(940) 552-9901		( ) -

SECTION III: Regulated Entity Information

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

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

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

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

Vernon State Hospital

23. Street Address of the Regulated Entity: ***(No PO Boxes)***	8407 FM 433							
	City	Vernon	**State**	TX	**ZIP**	76384	**ZIP + 4**	
24. County	Wilbarger							

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

25. Description to Physical Location:					
26. Nearest City			**State**		**Nearest ZIP Code**

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

27. Latitude (N) In Decimal:	34.079175		**28. Longitude (W) In Decimal:**	-99.297187	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

29. Primary SIC Code (4 digits)	**30. Secondary SIC Code** (4 digits)	**31. Primary NAICS Code** (5 or 6 digits)	**32. Secondary NAICS Code** (5 or 6 digits)
8063		622210	

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

Hopital

34. Mailing Address:	4730 College Drive							
	City	Vernon	**State**	TX	**ZIP**	76384	**ZIP + 4**	
35. E-Mail Address:								

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(940) 552-9901		( ) -

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

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Wastewater	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	WQ0010651001			

SECTION IV: Preparer Information

40. Name:	Natalia Rodriguez	**41. Title:**	Consultant

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(832) 776-5393		( ) -	natalia@environmentalCgroup.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:	Vernon State Hospital	**Job Title:**	Director
Name *(In Print):*	Albert Ragland	**Phone:**	(940) 552- **4001**
Signature:	Albert Ragland	**Date:**	9-22-2025

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

ENGLISH

Texas Health and Human Services Commission (CN605437276) operates the Vernon State Hospital (RN101523595), a domestic wastewater treatment plant. The facility is located at 8407 FM 433, in Vernon, Wilbarger County, Texas 76384. This application is for a renewal without changes to discharge at a daily average flow not to exceed 17,000 gallons per day (0.017 million gallons per day) of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), *Escherichia coli*, chlorine residual, and pH. Domestic wastewater is treated by a wastewater treatment system and the treatment units include preliminary treatment, biological treatment processes, clarification, and disinfection with chlorine contact chambers to ensure pathogen reduction before discharge.

SPANISH

La Comisión de Salud y Servicios Humanos de Texas (CN605437276) opera la instalación Vernon State Hospital (RN101523595), una planta de tratamiento de aguas residuales domésticas. La instalación está ubicada en 8407 FM 433, en Vernon, Condado de Wilbarger, Texas 76384. Esta solicitud es para una renovación sin cambios para descargar a un flujo diario promedio que no exceda 17,000 galones por día (0.017 millones de galones por día) de aguas residuales domésticas tratadas a través del Punto de Descarga 001.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno de cinco días (DBO_5), sólidos suspendidos totales (SST), *Escherichia coli*, residuo de cloro y pH. Las aguas residuales domésticas son tratadas por un sistema de tratamiento de aguas residuales y las unidades de tratamiento incluyen tratamiento preliminar, procesos de tratamiento biológico, clarificación y desinfección con cámaras de contacto de cloro para garantizar la reducción de patógenos antes de la descarga

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: Texas Health and Human Services Commission

   Permit No. WQ00 0010651001 EPA ID No. TX 0030732

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

   8407 FM 433, Vernon, TX 76384

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

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

First and Last Name: Marty Appleby

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

Title: Consultant

Mailing Address: 4730 College Drive

City, State, Zip Code: Vernon, TX 76384

Phone No.: (940) 552-4104 Ext.: Click here to enter text Fax No.: Click here to enter text

E-mail Address: Marty.Appleby@hhs.texas.gov

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

no

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

To unnamed ditch thence to a ponded marsh area; thence to paradise creek; thence to the Pease River in Segment No. 0230 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):

No changes. The proposed retention pond is already built, and it was actively used until last permit when was removed and the chlorination was added.

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

none

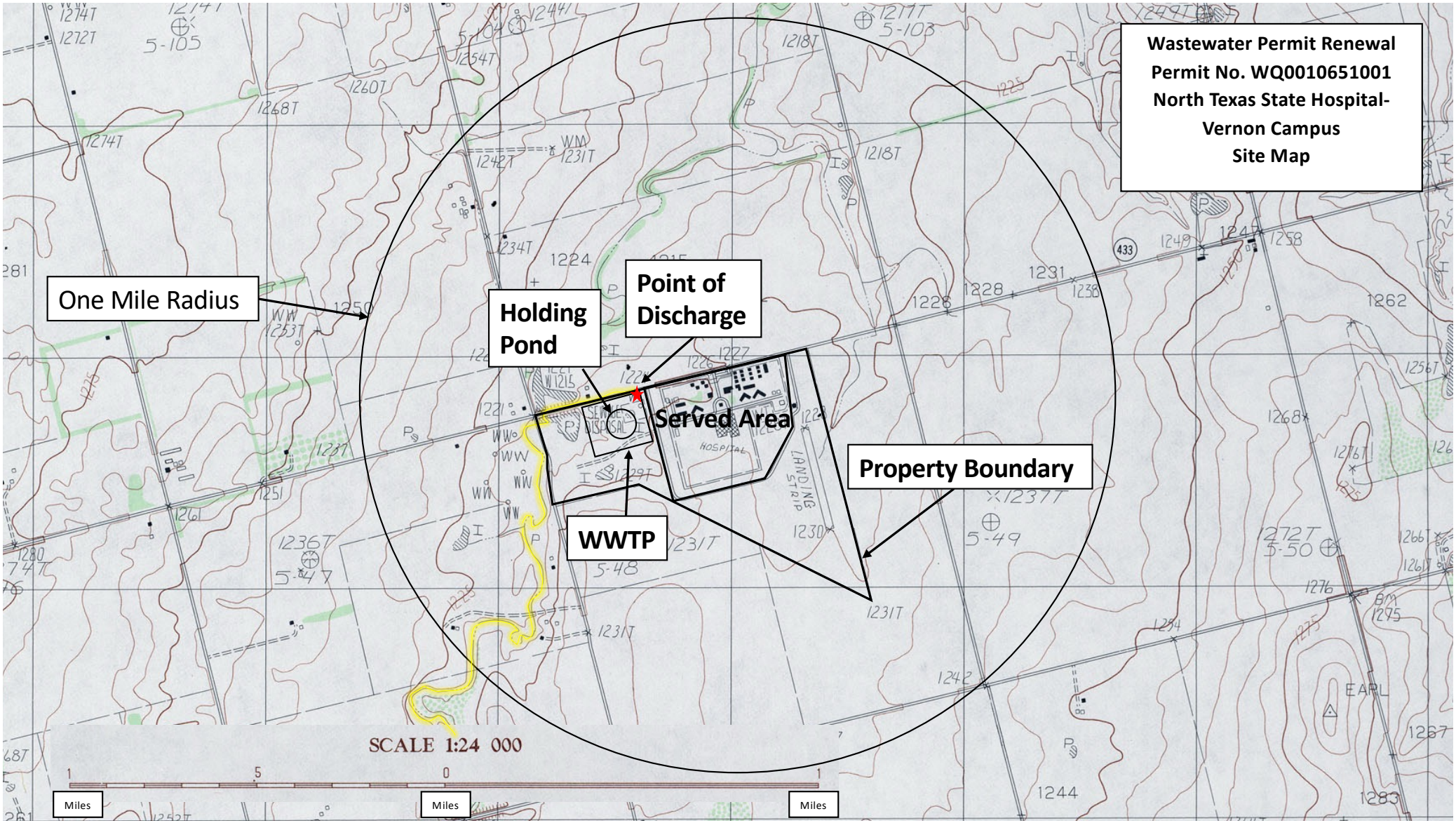
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

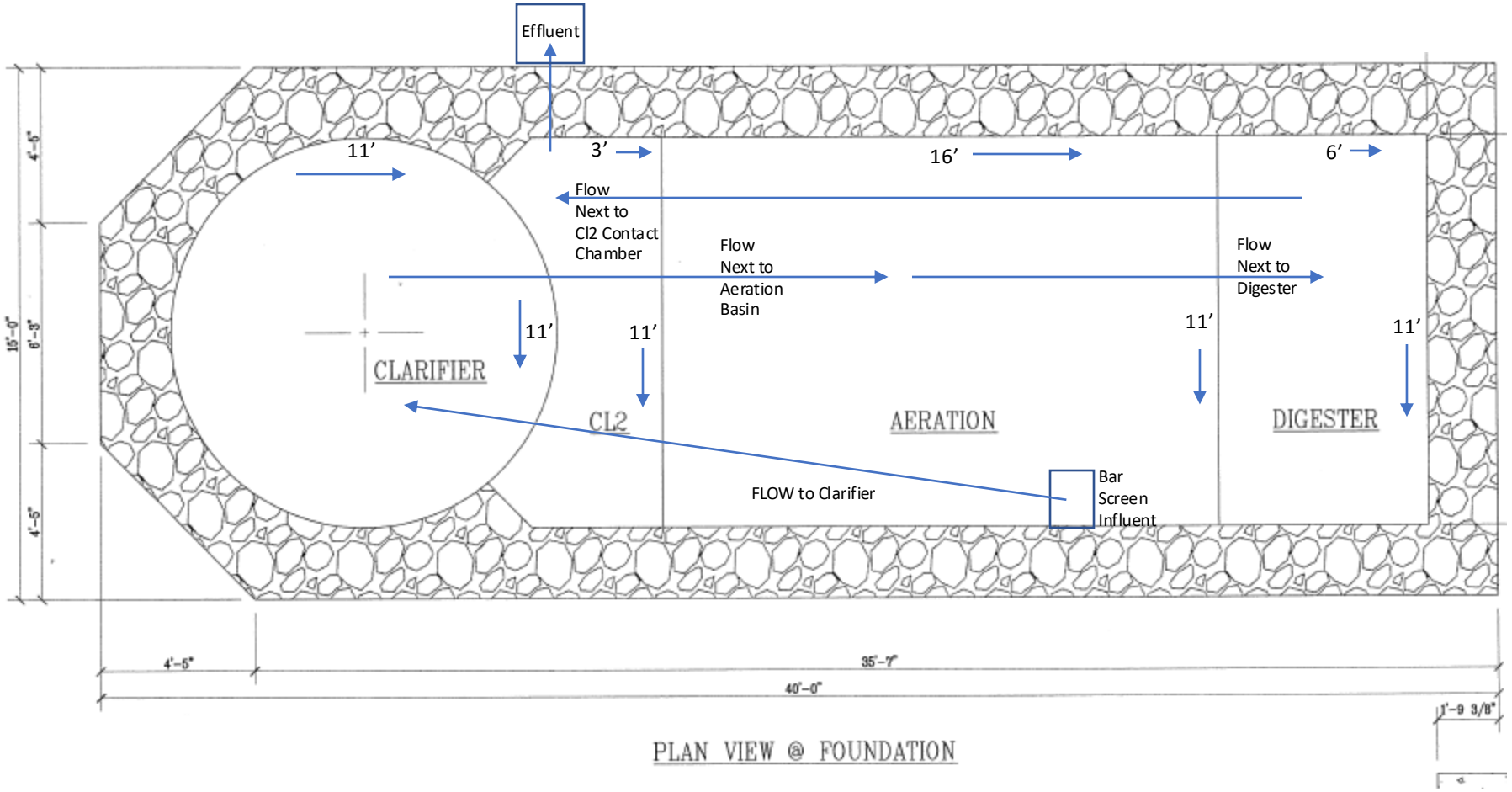
3. List construction dates of all buildings and structures on the property:

Unknown

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

Unknown


Wastewater Permit Renewal
Permit No. WQ0010651001
North Texas State Hospital-
Vernon Campus
Site Map
One Mile Radius
Holding Pond
Point of Discharge
Served Area
Property Boundary
WWTP
SCALE 1:24 000
1
5
0
1
Miles
Miles
Miles



PLAN VIEW @ FOUNDATION

RED RIVER AUTHORITY OF TEXAS

Laboratory Analysis Report

Job ID : 25080808

3000 Hammon Rd. Wichita Falls, Texas 76310

Report To :

Client Name: North TX State Hospital South
Attn: Marty Appleby
Client Address: 3407 FM 433 West
City, State, Zip: Vernon, TX, 76384

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

Client Sample ID	Matrix	Lab Sample ID
cBOD, TSS	Wastewater	25080808.01
Ammonia	Wastewater	25080808.02
Nitrate, Sulfate, Chloride	Wastewater	25080808.03
Total Phosphorus	Wastewater	25080808.04
E. Coli	Wastewater	25080808.05
Enterococcus	Wastewater	25080808.06
TDS	Wastewater	25080808.07
Alkalinity	Wastewater	25080808.08
TKN	Wastewater	25080808.09
PH	Wastewater	25080808.10

Released By: Tiarra Georges
Title: Quality Assurance Officer
Date: 08/19/2025

This Laboratory is NELAP accredited. State Lab ID: T104704274

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

Date Received : 08/06/2025 09:35 AM

LABORATORY TERMS AND QUALIFIER DEFINITION

Job ID : 25080808 Date Of Report : 08/19/2025

>	Result is greater than the value reported	ND	Not Detected
<	Result is less than the value reported	NE	Not Enough sample
BB	Broken Bottle	NS	Not Scheduled for analysis
BRL	Below Reporting Limit	ppb	parts per billion
CAS #	Chemical Abstracts Service registry number	ppm	parts per million
Conc.	Concentration	Q	Qualifier
CtrlLimit	Control Limit	Qb	Quality control batch
DF	Dilution Factor	QC	Quality Control
EB	Empty Bottle	Rec	Recovery
IF	Instrument Failure	RPD	Relative Percent Difference
LA	Lab Accident	Rpt Limit	Reporting Limit
LCS	Laboratory Check Standard	SM	Sample Matrix / Interference
LCSD	Laboratory Check Standard Duplicate	SMCL	Secondary Maximum Contaminant Level
MB	Missing Bottle	Spk	Spike
MCL	Maximum Contaminant Level	surr	Surrogate
mg/L	milligram per liter	SX	Sample
MS	Matrix Spike	SX Dup	Sample Duplicate
MSD	Matrix Spike Duplicate	TIC	Tentatively Identified Compound
N	Analyte is not NELAC accredited	ug/L	microgram per liter
N/A	Not Applicable	us/cm	micro-siemens per centimeter

*	Quality control analyte is outside of specified acceptance criteria.
B1	Analyte detected in the method blank at or above the method reporting limit.
D	Results are reported from a diluted aliquot of the sample.
H1	Sample was received properly, but analysis was performed past holding time.
H2	Sample was received and analyzed past allowable holding time.
J	The target analyte is detectable, but having greater quantitative uncertainty.
R	Data is of unknown quality and is rejected because of quality assurance or quality control deficiencies.
S	To indicate matrix or pre-digested spike sample recovery for an analysis is not within the specified control limit.
SC	Sample failed one or more requisites of the sample condition checklist.
URL	Upper Reporting Limit, compound detected for but not above reporting limit.
Q	Sample inadequately dechlorinated and adjusted for pH
HT	Holding Time in Hours. Used for E.Coli and Enterococcus analysis.
BOD1	BOD value based on < 2 mg/L corrected DO depletion after 5 days.
BOD2	Final DO value <1.0 after 5 days.
BODR	BOD GGA recovery did not meet laboratory acceptance criteria.
RS	Sample pH was unable to be adjusted to 6.0-8.0 SU prior to analysis.
MPN	Most Probable Number

Date Received : 08/06/2025

SAMPLE CONDITION CHECKLIST

Date: 08/19/2025 02:59 PM

Client Name : North TX State Hospital South		
Client Address : 3407 FM 433 West		
Job ID : 25080808	**Date Received :** 08/06/2025	**Time Received :** 09:35 AM
Temperature(°C) : 15.9	**pH Paper ID :** N/A	**Water Presevative:** H2SO4, Ice
Thermometer ID : 20	**Adjusted pH :** <2	**IDEXX Bottle Lot Number:** LY039V **Water Lot Number:** HS031825

Comments : Include actions taken to resolve discrepancies/problem:

Observed: __16.9__ Correction Factor: ___-1.0___ Actual: __15.9__ ___0.5___mL of 1:1 H2SO4, Lot Number__HS031825__, was added to T. Phos, Ammonia, and TKN adjusting the pH to <2, performed by RL, SB.

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

CheckIn By : rlawrence CheckIn Date : 08/08/2025

Received By : rlawrence

Chain of Custody

Laboratory Use Only: COC# 25080808

Red River Authority of Texas
Environmental Services Laboratory
P.O. Box 240, Wichita Falls, TX 76307-0240
3000 Hammon Rd, Wichita Falls, TX 76310-7500
Phone: 940-723-1717 • Fax: 940-723-6529
Website: www.rra.texas.gov • Email: lab@rra.texas.gov

NELAP ACCREDITED TNI LABORATORY

25080808

Report Information	
Company Name:	North Texas State Hospital
Contact Name:	Marty Appleby
Address:	3407 FM 433W
City / State / Zip:	Vernon Tx. 76384
Phone :	940-552-4100
Email:	Marty.Appleby@hhs.TEXAS.gov

Billing Information (if different from above)	
Contact Name:	Marty Appleby
Address:	P.O. Box 2231
City / State / Zip:	Vernon Tx. 76384
Phone :	940-552-4101
Email:	Marty.Appleby@hhs.Texas.gov

Project Information	
Priority:	□ Normal □ 50% Rush □ 100% Rush
Project Name:	NTSH South Campus
Project Location:	Final Effluent
Sampler Name/Sampler Affliation	Ray Dudley
PO Number or Reference	

Matrix Codes: D = Drinking Water N = Non-Potable Water S = Solids O = Other_____

Preservation Codes: (Circle all that apply) 1 = None 2 = HNO3 3 = H2SO4 4 = HCl 5 = NaOH 6 = Ice 7 = Other_____

Container Type Codes: (Circle all that apply) P = Plastic G = Glass V = VOA Vial A = Amber I = IDEXX O = Other_____

Laboratory Use Only	Sample Description	Date(s) Collected	Time(s) Collected	Matrix Code	Preservation	# of Containers	(C)omp / (G)rab	Analysis Required: P.H.	TKN	Alkalinity	TDS	Enterococcus	E-Coli	Total Phosphorus	Nitrate, Sulfate, Chloride	Ammonia	CBOD, TSS
25080808.01	CBOD, TSS	8-6-25	08:00	N	6	1	G										✓
.02	Ammonia	8-6-25	08:05	N	6	1	G									✓	
.03	Nitrate, Sulfate, Chloride	8-6-25	08:10	N	6	1	G								✓		
.04	Total Phosphorus	8-6-25	08:12	N	6	1	G							✓			
.05	E. Coli	8-6-25	08:14	N	6	1	G						✓				
.06	Enterococcus	8-6-25	08:16	N	6	1	G					✓					
.07	TDS	8-6-25	08:18	N	6	1	G				✓						
.08	Alkalinity	8-6-25	08:20	N	6	1	G			✓							
.09	TKN	8-6-25	08:22	N	6	1	G		✓								
.10	P.H.	8-6-25	08:24	N	6	1	G	✓									

Sample Custody Documentation

Sampler's Name: (Signature) Ray Dudley	Date/Time Relinquished: 08-06-25 / 08:25	Received By: (Signature)	Date/Time Received: 8/6/25 / 08:25
Relinquished By: (Signature)	Date/Time Relinquished: 8/6/25 / 09:25	Received By: (Signature)	Date/Time Received:
Relinquished By: (Signature)	Date/Time Relinquished:	Received By Lab: (Signature)	Date/Time Received: 8/6/25 9:35

Special instructions/ comments: LY034V Ammonia, T.phos TKN
pH 6.9 0.5 ml HS031825 added

Preservation lot:	Therm ID.:	Correction Factor:	Final Temperature:
HS031825	20	-1.0	15.9

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

Sample Analysis Report

Sample ID:	25080808.01	Client ID:	cBOD, TSS	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:00 AM
Completed: 08/11/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00314	cBOD	08/11/2025	12:00	8	mg/L	1	2	SM 5210 B	Qb25081206	
00530	Solids, Total Suspended	08/06/2025	09:50	11.7	mg/L		2.5	SM 2540 D	Qb25081204	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.02	Client ID:	Ammonia	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:05 AM
Completed: 08/11/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00610	Nitrogen, Ammonia as N	08/11/2025	09:28	27.0	mg/L	10	0.05	SM 4500 NH3 D	Qb25081103	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.03	Client ID:	Nitrate, Sulfate, Chloride	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:10 AM
Completed: 08/08/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00620	Nitrate as N	08/08/2025	11:55	1.95	mg/L	1	0.05	EPA 300.0	Qb25080805	
00940	Chloride	08/08/2025	11:55	136	mg/L	1	10	EPA 300.0	Qb25080805	
00945	Sulfate	08/08/2025	11:55	20.9	mg/L	1	10	EPA 300.0	Qb25080805	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.04	Client ID:	Total Phosphorus	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:12 AM
Completed: 08/08/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00665	Total Phosphorus-P	08/08/2025	15:45	5.64	mg/L		0.06	SM 4500 P E	Qb25081102	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.05	Client ID:	E. Coli	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:14 AM
Completed: 08/06/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
31699	E. coli	08/06/2025	15:07	<2	MPN/100 mL	2	1	SM 9223 B	Qb25080804	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.06	Client ID:	Enterococcus	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:16 AM
Completed: 08/06/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
31701	Enterococcus	08/06/2025	14:30	<10	MPN/100 mL	10	1	IDEXX Enterolert	Qb25080803	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.07	Client ID:	TDS	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:18 AM
Completed: 08/10/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
70300	Solids, Total Dissolved	08/10/2025	10:00	520	mg/L	5	50	SM 2540 C	Qb25081501	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.08	Client ID:	Alkalinity	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:20 AM
Completed: 08/11/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00410	Alkalinity as CaCO3, Total	08/11/2025	08:30	242	mg/L		>20	SM 2320 B	Qb25081201	

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

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

Sample Analysis Report

Sample ID:	25080808.10	Client ID:	PH	Sampler:	Ray Dudley

Client: North TX State Hospital South
Study:
Project: NTSH South Campus WWTP
Location: WWTP

COC No: 25080808
Sampled: 08/06/2025 08:24 AM
Completed: 08/08/2025
Type: Grab
Matrix: Wastewater

Receiving Notation:

Analysis Notation:

Total Alkalinity is titrated to an endpoint of pH 4.5,Only 9 samples reported before CCV due to running VER at different concentrations so that results fell within calibration range.

Param	Analyte	Date	Time	Result	Units	DF	LOQ	Method	QC Batch	Qualifier
00400	pH	08/08/2025	13:11	8.5	S.U.		0.1	EPA 150.1	Qb25080808	H2

COC = Chain of Custody DF = Dilution Factor LOQ = Limit of Quantitation

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Enterococcus, MPN **Method : IDEXX Enterolert** **Reporting Units : MPN/100mL**

QC Batch ID : Qb25080803 **Created Date :** 08/08/2025 11:21 AM **Created By :** sburgett

Samples in This QC Batch :

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Enterococcus	180	190	25083203.03	MPN/100	6.6					

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : E. coli, MPN **Method :** SM 9223 B **Reporting Units :** MPN/100mL

QC Batch ID : Qb25080804 **Created Date :** 08/08/2025 11:28 AM **Created By :** sburgett

Samples in This QC Batch : 25080808.06

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	E. coli	<2	<2	25080808.05	MPN/100						

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Anions **Method :** EPA 300.0 **Reporting Units :** mg/L

QC Batch ID : Qb25080805 **Created Date :** 08/08/2025 12:21 PM **Created By :** sburgett

Samples in This QC Batch : 25080808.05

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
LOQ	Chloride	4.80			mg/L			5.0	96.0	70-130	
LCSD	Chloride	39.9			mg/L	0.1	15	40	99.8	90-110	
LCS	Chloride	39.9			mg/L			40	99.7	90-110	
Duplicate	Nitrate as N	1.81	1.88	25080505.02	mg/L	3.9	15	0		85-115	
Duplicate	Nitrate as N	0	<0.05	25080506.01	mg/L	0.0	15	0		85-115	
LCS	Nitrate as N	2.04			mg/L			2	102.1	90-110	
LCSD	Nitrate as N	2.04			mg/L	0.0	15	2	102.1	90-110	
LOQ	Nitrate as N	0.0529			mg/L			0.05	105.8	70-130	
MS	Nitrate as N	2.29	1.89	25080504.01	mg/L			0.4	194.7	80-120	*
MS	Nitrate as N	2.25	1.84	25080504.02	mg/L			0.4	194.8	80-120	*
Duplicate	Nitrite as N	0	<0.05	25080505.02	mg/L	0.0	15	0		85-115	
Duplicate	Nitrite as N	0	<0.05	25080506.01	mg/L	0.0	15	0		85-115	
MS	Nitrite as N	0	<0.05	25080504.01	mg/L			0.4	0.0	80-120	*
MS	Nitrite as N	0	<0.05	25080504.02	mg/L			0.4	0.0	80-120	*
LCS	Sulfate	40.9			mg/L			40	102.3	90-110	
LCSD	Sulfate	40.9			mg/L	0.0	15	40	102.3	90-110	
LOQ	Sulfate	4.91			mg/L			5.0	98.3	70-130	

QC Type: Standard

QcType	Parameter	Resullt	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Chloride	50.9		50	101.7	90-110	
	Nitrate as N	3.05		3	101.5	90-110	
	Sulfate	51.2		50	102.4	90-110	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : pH, Aqueous (Standard Units) **Method :** EPA 150.1 **Reporting Units :** S.U.

QC Batch ID : Qb25080808 **Created Date :** 08/08/2025 01:16 PM **Created By :** schitwood

Samples in This QC Batch : 25080808.03

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	pH	8.5	8.5	25080808.10	S.U.	0.1	15	0			H2

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Total Phosphorus-P **Method :** SM 4500 P E **Reporting Units :** mg/L

QC Batch ID : Qb25081102 **Created Date :** 08/11/2025 08:00 AM **Created By :** rlawrence

Samples in This QC Batch : 25080808.10

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Total Phosphorus-P	5.84	6.00	25080814.07	mg/L	2.7	15	0			
LCS	Total Phosphorus-P	0.46			mg/L			0.50	92.8	85-115	
LCSD	Total Phosphorus-P	0.49			mg/L	5	15	0.50	97.6	85-115	
LOQ	Total Phosphorus-P	0.06			mg/L			0.06	106.7	70-130	
MS	Total Phosphorus-P	3.82	3.28	25080814.08	mg/L			0.1905	91.4	80-120	

QC Type: Standard

QcType	Parameter	Resullt	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Total Phosphorus-P	0.98		1.10	88.6	80-120	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Nitrogen, Ammonia as N **Method : SM 4500 NH3 D** **Reporting Units : mg/L**

QC Batch ID : Qb25081103 **Created Date :** 08/11/2025 12:51 PM **Created By :** sburgett

Samples in This QC Batch : 25080808.04

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Nitrogen, Ammonia	0.65	0.65	25080706.03	mg/L	0.6	15				
Duplicate	Nitrogen, Ammonia	0.17	0.17	25080809.03	mg/L	5.3	15				
LCS	Nitrogen, Ammonia	0.47			mg/L			0.5	94.0	85-115	
LCSD	Nitrogen, Ammonia	0.50			mg/L	6.4	15	0.5	100.2	85-115	
LOQ	Nitrogen, Ammonia	0.05			mg/L			0.05	91.2	70-130	
MS	Nitrogen, Ammonia	0.23	0.19	25080810.02	mg/L			0.0498	90.2	80-120	

QC Type: Standard

QcType	Parameter	Resullt	Units	Spike Added	Rec	Rec CtrlLimit	Q
	Nitrogen, Ammonia	0.52					

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : Alkalinity as CaCO3, Total **Method : SM 2320 B** **Reporting Units : mg/L**

QC Batch ID : Qb25081201 **Created Date :** 08/12/2025 08:22 AM **Created By :** rlawrence

Samples in This QC Batch : 25080808.02

QC Type: Method Blank

Parameter	CAS #	Result	Units	DF	Rpt Limit		Q
Alkalinity as CaCO3, Total		<20	mg/L		>20		

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Alkalinity as CaCO3,	114	116	25083202.03	mg/L	1.7	15				
Duplicate	Alkalinity as CaCO3,	120	120	25083204.04	mg/L	0.0	15				
LCS	Alkalinity as CaCO3,	242			mg/L			250	96.8	85-115	
LCSD	Alkalinity as CaCO3,	252			mg/L	4	15	250	100.8	85-115	
LOQ	Alkalinity as CaCO3,	22.0			mg/L			20	110.0	70-130	
MS	Alkalinity as CaCO3,	528	276	25083201.05	mg/L			247.5	102.9	80-120	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : TSS **Method : SM 2540 D** **Reporting Units : mg/L**

QC Batch ID : Qb25081204 **Created Date :** 08/12/2025 10:47 AM **Created By :** rlawrence

Samples in This QC Batch : 25080808.08

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
LCS	Solids, Total Suspe	199			mg/L			200	99.6	85-115	
LCSD	Solids, Total Suspe	199			mg/L	0.0	15	200	99.6	85-115	
Duplicate	Solids, Total Suspe	74.0	82.0	25080609.02	mg/L	10.3	10				*
Duplicate	Solids, Total Suspe	106	112	25080706.02	mg/L	5.5	10				
LOQ	Solids, Total Suspe	2.2			mg/L			2.5	88.0	70-130	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : cBOD **Method : SM 5210 B** **Reporting Units : mg/L**

QC Batch ID : Qb25081206 **Created Date :** 08/12/2025 02:33 PM **Created By :** tgeorges

Samples in This QC Batch : 25080808.01

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	cBOD	<2	<2	25080509.01	mg/L	0.0	30				
GGA	cBOD	202			mg/L			198		85-115	

Refer to the Definition page for terms.

QUALITY CONTROL CERTIFICATE

Job ID : 25080808 **Date :** 08/19/2025 02:59 PM

Analysis : TDS **Method : SM 2540 C** **Reporting Units : mg/L**

QC Batch ID : Qb25081501 **Created Date :** 08/15/2025 08:11 AM **Created By :** mtullock

Samples in This QC Batch : 25080808.01

QC Type: Method Blank

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

QC Type: Spike

QcType	Parameter	QC Sample Result	Sample Result	QCSample ID	Units	RPD	RPD CtrlLimit	Spike Added	Rec	Rec CtrlLimit	Q
Duplicate	Solids, Total Dissolv	2840	2790	25083201.01	mg/L	1.7	10				
Duplicate	Solids, Total Dissolv	10700	11000	25083204.01	mg/L	2.3	10				
LCS	Solids, Total Dissolv	956			mg/L			1000	95.6	85-115	
LCSD	Solids, Total Dissolv	970			mg/L	1.5	15	1000	97.0	85-115	
LOQ	Solids, Total Dissolv	44.0			mg/L			50	88.0	70-130	

Refer to the Definition page for terms.

25080808

Laboratory Analysis Report

Total Number of Pages: 7

Job ID : 25081006

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

Client Project Name :
Project #25080808 / NTSH South Campus / Vernon, TX

Report To :	Client Name:	Red River Authority of Texas	P.O.#.:
	Attn:	Justlyn Ferrol	Sample Collected By: R. Dudley
	Client Address:	3000 Hammon Rd.	Date Collected: 08/06/25
	City, State, Zip:	Wichita Falls, Texas, 76310	

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

Client Sample ID	Matrix	A&B Sample ID
25080808.09 - TKN	Water	25081006.01

Released By: Dhamodharan Shanmugam
Title: Reporting Associate
Date: 8/19/2025

This Laboratory is NELAP (T104704213-23-31) accredited. Effective: 04/01/2025; Expires: 03/31/2026
Scope: Non-Potable Water, Drinking Water, Air, Solid, Biological Tissue, Hazardous Waste

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

ab-q210-0321

Date Received : 08/12/2025 10:22

25.1.31483

Report Number: RPT250819006

25080808

LABORATORY TERM AND QUALIFIER DEFINITION REPORT

Job ID : 25081006

Date: 8/19/2025

General Term Definition

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

Qualifier Definition

M6	Sample concentration high, more than 4X spike concentration. Control limits do not apply."The sample randomly selcted as QC for this batch was not part of your project. Therefore, this sample matrix is not applicable to your project samples."
M8	Matrix Spike and/or Matrix Spike Duplicate recovery is above laboratory control limits.

25080808

LABORATORY TEST RESULTS

Job ID : 25081006

Date 8/19/2025

Client Name:	Red River Authority of Texas	Attn: Justlyn Ferrol
Project Name:	Project #25080808 / NTSH South Campus / Vernon, TX	

Client Sample ID:	25080808.09 - TKN	Job Sample ID:	25081006.01
Date Collected:	08/06/25	Sample Matrix	Water
Time Collected:	08:22		
Other Information:			

Test Method	Parameter/Test Description	Result	Units	DF	Rpt Limit	Reg Limit	Q	Date Time	Analyst
EPA 351.2	Total Kjeldahl Nitrogen								
	TKN	31.1	mg/L	10.00	2			08/15/25 00:08	SKC

ab-q212-0321

25080808

QUALITY CONTROL CERTIFICATE

Job ID : 25081006 **Date :** 8/19/2025

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

QC Batch ID : Qb25081584 **Created Date :** 08/14/25 **Created By :** Srijan

Samples in This QC Batch : 25081006.01

Sample Preparation : PB25081545 **Prep Method :** EPA 351.2_ **Prep Date :** 08/14/25 18:00 **Prep By :** Srijan

QC Type: Blank Result

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

QC Type: LCS and LCSD

Parameter	LCS Spk Added	LCS Result	LCS % Rec	LCSD Spk Added	LCSD Result	LCSD % Rec	RPD	RPD CtrlLimit	%Recovery CtrlLimit	Qual
TKN	1	1.02	102	1	1.03	103	0.7	10	90-110	

QC Type: MS1 and MSD1
QC Sample ID: 25081042.01

Parameter	Sample Result	MS1 Spk Added	MS1 Result	MS1 % Rec	MSD1 Spk Added	MSD1 Result	MSD1 % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
TKN	2.55	1	3.68	114	1	3.65	110	0.9	10	90-110	M8

QC Type: MS2 and MSD2
QC Sample ID: 25081166.06

Parameter	Sample Result	MS2 Spk Added	MS2 Result	MS2 % Rec	MSD2 Spk Added	MSD2 Result	MSD2 % Rec	RPD	RPD CtrlLimit	%Rec CtrlLimit	Qual
TKN	7.48	1	8.61	113	1	8.68	120	0.8	10	90-110	M6

25080808

The Chain of Custody is a Legal Document

Job ID:25081006

08/12/2025 Red River Authority of Tex ACH

www.ablabs.com

1. REPORT TO:	2. INVOICE TO:	3. PO #
Company: Red River Authority of TX	Company: Same	4. Turnaround Time- Business Days
Address: PO Box 240	Address:	☐ 1 Day * ☐ 5 Days *
Wichita Falls, TX 76307		☐ 2 Days * ☑ 7 Days-Standard
Contact: Justlyn Ferrol	Contact:	☐ 3 Days * ☐ Other _____
Phone: 940-723-1717	Phone:	* Surcharge Applies
Fax: 940-723-6529	Fax:	*Day Zero is the day sample is received. Report due at 5pm on due day.*
Email: justlyn.ferrol@rra.texas.gov	Email:	
CC: @rra.texas.gov	CC:	

A&B JOB ID

Project # 25080808

6. Project Name / Location

NTSH SOUTH CAMPUS / Vernon, Tx

7. Reporting Requirement

☐ TRRP Limits Only ☐ TRRP Rpt. Package ☐ See Attached ☑ Standard Level II

8. Sampler's Name & Company: R. Dudley NTSH

Sampler's Signature & Date: "on original COC"

9. Sample ID & Description	Lab Use Only	10. Sampling		11.		12. Matrix						13. No. of Containers	P	S						14. Containers*	15. Preservatives**	16. pH-Lab Only	18. Comments
		Date	Time	comp	grab	Water	Soil	Sludge	Oil	Air	Other		TKN										
25080808.09 - TKN	01A	8/6/2025	8:22		X	X						1	X										

19. RELINQUISHED BY	DATE	TIME	20. RECEIVED BY	DATE	TIME	KNOWN HAZARDS / COMMENT
1)	8/11/25	16:00	1) UPS			
2) UPS	8.12.25	1022	2) Brenda	8.12.25	1022	
3)			3)			

* Containers: VOA- 40 ml vial; 4 oz/8 oz- glass wide mouth; A/G- Amber/Glass 1 Liter; P/O- Plastic/other _____

**Preservatives: C-Cool H- HCl N- HNO3 S-H2SO4 OH- NaOH T-Na2S2O3 X- Other___

Temperature: 3.1 120 Intact? ☐ Y ☐ N Initials BO

BILL OF LADING/TRACKING #

METHOD OF SHIPMENT

A&B CANNOT ACCEPT VERBAL CHANGES. PLEASE FAX WRITTEN CHANGES TO 713-453-6091 OR EMAIL THE NEW COC TO YOUR PROJECT MANAGER.

Samples will be disposed of after 30 days. A&B reserves the right to return samples.

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

6 LBS

1 OF 2

DWT: 16,11,10

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

TX 770 9-05

UPS NEXT DAY AIR

1

TRACKING #: 1Z A72 76T 01 9270 5852

BILLING: P/P

Reference #1: 25080808

XOL 25.08.13 NV45 33.0A 08/2025*

TM

25080808

Sample Condition Checklist

A&B JobID : **25081006**	Date Received : **08/12/2025**	Time Received : **10:22AM**
Client Name : **Red River Authority of Texas**		
Temperature : **3.1°C**	Sample pH : **<2 TKN**	
Thermometer ID : **IR10**	pH Paper ID : **128919**	
Perservative :	Lot# :	

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

Comments : Include actions taken to resolve discrepancies/problem:

Brought by : UPS

Received by : KSmith

Check in by/date : KSmith / 08/12/2025

ab-s005-1123

Francesca Findlay

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Thursday, November 6, 2025 3:23 PM
To: Francesca Findlay
Cc: marty.appleby@hhs.texas.gov
Subject: Re: WQ0010651001 Texas Health and Human Services Commission
Attachments: 1 - proof of payment.pdf

Francesca, thank you so much, I will send the correct complete application in the next coming days.

About the check I found out that it was an electronic transaction. I am attaching the proof the accounting department provided. On the second page there is a check no, voucher no. Maybe that way accounting can track it down.

Get Outlook for Mac

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Date: Monday, November 3, 2025 at 9:35 AM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: marty.appleby@hhs.texas.gov <marty.appleby@hhs.texas.gov>
Subject: RE: WQ0010651001 Texas Health and Human Services Commission

Good morning,

Yes, please forward me the application, and all your responses. I would need some more information to be able verify that the check was received by our accounting department.
Please provide a name on the check
The check number and the amount.
If needed, you can also send the application through the FTP site, if you decide to send it to the FTP site, please let me know when you send it so, I can inform the department handling that site,
If you decide to email the application, you might have to send the application through several emails if it is too large.
Please let me know if you have any questions.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Friday, October 31, 2025 5:44 PM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: marty.appleby@hhs.texas.gov
Subject: Re: WQ0010651001 Texas Health and Human Services Commission

Hi Francesca,
I spoke with Marty this afternoon, and we were able to clarify what happened.
Marty asked the accounting department to prepare the check for the filing fee. They submitted the check **along with a draft** of the application to the TCEQ accounting department. The accounting team then forwarded that draft to your group (the application and review team) — which explains why you received an incomplete version.
I'm now finalizing the **complete and updated application**, which should be ready **sometime next week**. Once it's ready, may I submit it directly to you so you can disregard the previous draft? There are several important updates we want to ensure are reflected correctly.
Also, I noticed that you don't have a copy of the check. We're checking with the hospital's accounting department to see if they can locate one, but we're not sure if they have it. Is there any way to verify the payment internally within TCEQ?
Thank you so much for your understanding and help, Francesca — really appreciate it.
Warm regards,

Natalia Rodriguez
Principal
ECG, LLC
+1 832-776-5393
natalia@environmentalcgroup.com
www.environmentalcgroup.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Date: Friday, October 31, 2025 at 2:46 PM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: marty.appleby@hhs.texas.gov <marty.appleby@hhs.texas.gov>
Subject: FW: WQ0010651001 Texas Health and Human Services Commission

Dear Ms. Rodriguez:

The attached Notice of Deficiency letter sent on October 31, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention November 15, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

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

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

Francesca Findlay

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Tuesday, November 11, 2025 2:08 PM
To: Francesca Findlay
Cc: marty.appleby@hhs.texas.gov
Subject: Re: WQ0010651001 Texas Health and Human Services Commission
Attachments: Final Application.pdf

Hi Francesca,

Please find the complete and correct application. Please review and let me know if there is anything else you need at this time. Thank you

Natalia Rodriguez
Principal
ECG, LLC
+1 832-776-5393
natalia@environmentalcgroup.com
www.environmentalcgroup.com

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Date: Thursday, November 6, 2025 at 3:23 PM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: marty.appleby@hhs.texas.gov <marty.appleby@hhs.texas.gov>
Subject: Re: WQ0010651001 Texas Health and Human Services Commission

Francesca, thank you so much, I will send the correct complete application in the next coming days.

About the check I found out that it was an electronic transaction. I am attaching the proof the accounting department provided. On the second page there is a check no, voucher no. Maybe that way accounting can track it down.

Get Outlook for Mac

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Date: Monday, November 3, 2025 at 9:35 AM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: marty.appleby@hhs.texas.gov <marty.appleby@hhs.texas.gov>
Subject: RE: WQ0010651001 Texas Health and Human Services Commission

Good morning,

Yes, please forward me the application, and all your responses. I would need some more information to be able verify that the check was received by our accounting department.
Please provide a name on the check
The check number and the amount.
If needed, you can also send the application through the FTP site, if you decide to send it to the FTP site, please let me know when you send it so, I can inform the department handling that site,
If you decide to email the application, you might have to send the application through several emails if it is too large.
Please let me know if you have any questions.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

From: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Sent: Friday, October 31, 2025 5:44 PM
To: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Cc: marty.appleby@hhs.texas.gov
Subject: Re: WQ0010651001 Texas Health and Human Services Commission

Hi Francesca,
I spoke with Marty this afternoon, and we were able to clarify what happened.
Marty asked the accounting department to prepare the check for the filing fee. They submitted the check **along with a draft** of the application to the TCEQ accounting department. The accounting team then forwarded that draft to your group (the application and review team) — which explains why you received an incomplete version.
I'm now finalizing the **complete and updated application**, which should be ready **sometime next week**. Once it's ready, may I submit it directly to you so you can disregard the previous draft? There are several important updates we want to ensure are reflected correctly.
Also, I noticed that you don't have a copy of the check. We're checking with the hospital's accounting department to see if they can locate one, but we're not sure if they have it. Is there any way to verify the payment internally within TCEQ?
Thank you so much for your understanding and help, Francesca — really appreciate it.
Warm regards,

Natalia Rodriguez
Principal
ECG, LLC
+1 832-776-5393
natalia@environmentalcgroup.com
www.environmentalcgroup.com

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Date: Friday, October 31, 2025 at 2:46 PM
To: Natalia Rodriguez Pinilla <natalia@environmentalcgroup.com>
Cc: marty.appleby@hhs.texas.gov <marty.appleby@hhs.texas.gov>
Subject: FW: WQ0010651001 Texas Health and Human Services Commission

Dear Ms. Rodriguez:

The attached Notice of Deficiency letter sent on October 31, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention November 15, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

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

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