



# 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

# ATTACHMENT No. 2

## PLAIN LANGUAGE SUMMARY

(ENGLISH)

PAGE 1

City of Honey Grove (CN6006420673) operates Honey Grove Wastewater Treatment Plant (RN102956356), a pond system wastewater facility. The facility is located at 100 Wastewater Way, in Honey Grove, Fannin County, Texas 75446. City of Honey Grove is applying to the TCQ for a renewal of TPDES Permit No. WQ0010710003 to authorize the discharge of treated domestic wastewater at a daily average flow not to exceed 500,000 gallons per day.

Discharges from the facility are expected to contain CBOD5, Total Suspended Solids, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus, pH, Dissolved Solids, Dissolved Oxygen, Chlorine Residual, Oil and Grease, Alkalinity. Domestic wastewater is treated by entering the facility through a 12 inch pipe into the raw water pump station, then through the bar screen, then through the grit and scum trap, then to a series of three aerated ponds, then in to the two oxidation basins, then to the discharge point.



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010710003

**APPLICATION.** City of Honey Grove, 633 6th Street, Honey Grove, Texas 75446, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010710003 (EPA I.D. No. TX0117951) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 500,000 gallons per day. The domestic wastewater treatment facility is located at 100 Wastewater Way, near the city of Honey Grove, in Fannin County, Texas 75446. The discharge route is from the plant site to Honey Grove Creek; thence to Bois d'Arc Creek; thence to Red River Below Lake Texoma. TCEQ received this application on July 10, 2024. The permit application will be available for viewing and copying at Honey Grove City Hall, Front Desk, 633 6th Street, Honey Grove, in Fannin County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

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

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.91888,33.604167&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](http://www.tceq.texas.gov/goto/cid). Search the database using the permit number for this application, which is provided at the top of this notice.

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

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

Further information may also be obtained from City of Honey Grove at the address stated above or by calling Mr. Charles Massey, Public Works, at 903-378-3033.

Issuance Date: July 23, 2024



6781 Oak Hill Boulevard  
Tyler, TX 75703  
903.581.8141

July 9, 2024

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

Re: City of Honey Grove Wastewater Treatment Plant  
Discharge Permit Renewal Application  
State Permit No. WQ001071003  
NPDES Permit No. TX 0117951

Dear Team Member,

Enclosed you will find the application for the City of Honey Grove Wastewater Treatment Plant discharge permit renewal application.

I have enclosed one (1) original and three (3) copies of the application, as required. I have sent, under separate cover, a check (No. 19182) in to the Revenues Section of the TCEQ in the amount of \$1,615.00. I have included a copy of the check referenced above for your convenience.

Please contact me, Sigi West, Regulatory Compliance Specialist at (903) 581-8141, Ext.1314, or via email at [swest@ksaeng.com](mailto:swest@ksaeng.com) if you need any other information on the above referenced permit.

Sincerely,

A handwritten signature in cursive script that reads "Siglinda West".

Siglinda M. West  
Regulatory Compliance Specialist



6781 Oak Hill Boulevard  
Tyler, TX 75703  
903.581.8141

July 9, 2024

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

Re: City of Honey Grove Wastewater Treatment Plant  
Discharge Permit Renewal Application  
State Permit No. WQ001071003  
NPDES Permit No. TX 0117951

Dear Team Member,

Enclosed you will find a check, No.19182 in the amount of \$1,615.00 for the permit renewal application for City of Honey Grove Wastewater Treatment Plant discharge permit renewal application. I have sent, under separate cover, one (1) original and three (3) copies of the application, as required, to the TCEQ Water Quality Permitting Applications Team. I have also included in that package, a copy of this check and Payment Form.

Please contact me, Sigi West, Regulatory Compliance Specialist at (903) 581-8141, Ext.1314 if you need any other information on the above referenced permit.

Sincerely,

*Siglinda West*

KSA

Siglinda M. West

Regulatory Compliance Specialist

# WATER QUALITY PERMIT PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

*BY REGULAR U.S. MAIL*

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

*BY OVERNIGHT/EXPRESS MAIL*

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

Fee Code: **WQP**      Waste Permit No: WQ10710003

1. Check or Money Order Number: ~~Click to enter text.~~ 19182
2. Check or Money Order Amount: \$1,615.00
3. Date of Check or Money Order: ~~Click to enter text.~~ 07/02/2024
4. Name on Check or Money Order: City of Honey Grove
5. APPLICATION INFORMATION

Name of Project or Site: **Honey Grove Wastewater Treatment Plant**

Physical Address of Project or Site: **100 Wastewater Way Honey Grove, TX 75446**

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
**DOMESTIC WASTEWATER PERMIT APPLICATION  
 CHECKLIST**

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

APPLICANT NAME: City of Honey Grove

PERMIT NUMBER (If new, leave blank): WQ00 0010710003 / TX0117951

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

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

**For TCEQ Use Only**

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
**DOMESTIC WASTEWATER PERMIT APPLICATION  
 ADMINISTRATIVE REPORT 1.0**

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

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

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

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

Minor Amendment (for any flow) \$150.00

**Payment Information:**

Mailed      Check/Money Order Number: Click to enter text.  
 Check/Money Order Amount: \$1,615.00  
 Name Printed on Check: City of Honey Grove  
 EPAY      Voucher Number: Click to enter text.  
 Copy of Payment Voucher enclosed?      Yes

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

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

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

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

- Active       Inactive



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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ00 0010710003

EPA I.D. (TPDES only): TX 0117951

Expiration Date: 11/04/2024

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

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

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

City of Honey Grove

*(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: 6006420673

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: Caffee, Claude

Title: Mayor

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

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

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

NOT APPLICABLE

*(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: NOT APPLICABLE

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 No. 1

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

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

- A. Prefix: Ms. Last Name, First Name: West, Siglinda  
Title: Regulatory Compliance Specialist Credential: Click to enter text.  
Organization Name: KSA Engineers  
Mailing Address: 6781 Oak Hill Blvd City, State, Zip Code: Tyler, TX 75703  
Phone No.: 903.581.8141 ext. 1314 E-mail Address: swest@ksaeng.com  
Check one or both:  Administrative Contact  Technical Contact
- B. Prefix: Mr. Last Name, First Name: Massey, Charles  
Title: Public Works Credential: Click to enter text.  
Organization Name: City of Honey Grove  
Mailing Address: 633 North 6th Street City, State, Zip Code: Honey Grove, TX 75446  
Phone No.: 903.378.3033 E-mail Address: Utility@cityofhoneygrove.org  
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: Ms. Last Name, First Name: West, Siglinda  
Title: Regulatory Compliance Specialist Credential: Click to enter text.  
Organization Name: KSA Engineers  
Mailing Address: 6781 Oak Hill Blvd. City, State, Zip Code: Tyler, TX 75703  
Phone No.: 903.581.8141 Ext. 1314 E-mail Address: swest@ksaeng.com

B. Prefix: Mr. Last Name, First Name: Massey, Charles  
Title: Public Works Credential: Click to enter text.  
Organization Name: City of Honey Grove  
Mailing Address: 633 N. 6th Street City, State, Zip Code: Honey Grove, TX 75446  
Phone No.: 903.378.3033 E-mail Address: utility@cityofhoneygrove.org

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

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

Prefix: Mr. Last Name, First Name: Massey, Charles  
Title: Public Works Credential: Click to enter text.  
Organization Name: City of Honey Grove  
Mailing Address: 633 N. 6th Street City, State, Zip Code: Honey Grove, TX 75446  
Phone No.: 903.378.3033 E-mail Address: utility@cityofhoneygrove.org

## 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: Massey, Charles  
Title: Public Works Credential: Click to enter text.  
Organization Name: City of Honey Grove  
Mailing Address: 633 N. 6th Street City, State, Zip Code: Honey Grove, TX 75446  
Phone No.: 903.378.3033 E-mail Address: utility@cityofhoneygrove.org

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: West, Siglinda  
Title: Regulatory Compliance Specialist Credential: Click to enter text.  
Organization Name: KSA Engineers  
Mailing Address: 6781 Oak Hill Blvd. City, State, Zip Code: Tyler, TX 75703  
Phone No.: 903.581.8141 Ext 1314 E-mail Address: swest@ksaeng.com

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

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

- E-mail Address
- Fax
- Regular Mail

**C. Contact permit to be listed in the Notices**

Prefix: Mr. Last Name, First Name: Massey, Charles

Title: Public Works Credential: Click to enter text.

Organization Name: City of Honey Grove

Mailing Address: 633 N. 6th Street City, State, Zip Code: Honey Grove, TX 75446

Phone No.: 903.378.3033 E-mail Address: utility@cityofhoneygrove.org

**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: Honey Grove City Hall

Location within the building: Front Desk

Physical Address of Building: 633 6th Street

City: Honey Grove County: Fannin

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

Phone No.: 903.378.3033 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

Yes  No

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

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

Yes  No

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

Yes  No

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

Yes  No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? NOT APPLICABLE

#### F. Plain Language Summary Template

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

Attachment: No. 2

#### G. Public Involvement Plan Form

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

Attachment: No. 3

## 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 102956356

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):

Honey Grove Wastewater Treatment Plant

C. Owner of treatment facility: City of Honey Grove

Ownership of Facility:  Public  Private  Both  Federal

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

Prefix: N/A

Last Name, First Name: City of Honey Grove

Title: N/A

Credential: N/A

Organization Name: City of Honey Grove

Mailing Address: 633 N. 6th Street

City, State, Zip Code: Honey Grove, TX 75446

Phone No.: 903.378.3033

E-mail Address: admin@cityofhoneygrove.org

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: NOT APPLICABLE

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** NOT APPLICABLE

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

**Attachment:** NOT APPLICABLE

## 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:

100 Wastewater Way Honey Grove, TX 75446

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:

From the plant site to Honey Grove Creek; thence to Bois D' Arc Creek; thence to Red River Below Lake Texoma in Segment No. 202 of the Red River Basin

City nearest the outfall(s): Honey Grove

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

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:** NOT APPLICABLE

- 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: NOT APPLICABLE

## 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:

NOT APPLICABLE

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

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

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

NOT APPLICABLE

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

## 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.

NOT APPLICABLE

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: NOT APPLICABLE

D. Do you owe any fees to the TCEQ?

Yes  No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

Yes  No

If yes, please provide the following information:

Enforcement order number: NOT APPLICABLE

Amount past due: NOT APPLICABLE

### Section 13. Attachments (Instructions Page 33)

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

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

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

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

Attachment 1 for Individuals as co-applicants

Other Attachments. Please specify: Core Data Form, USGS Map, USGS SPIF, Plain Language Summary, Project Information Form, Flow Diagram, Site Map, Service Area Map, Effluent results.



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

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

Permit Number: WQ0010710003 / TX0117951

Applicant: City of Honey Grove

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.

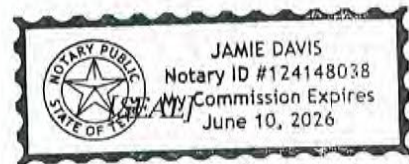
Signatory name (typed or printed): Claude Caffee

Signatory title: Mayor

Signature: *Claude Caffee* Date: 06-28-24  
(Use blue ink)

Subscribed and Sworn to before me by the said Claude Caffee  
on this 28 day of June, 2024.  
My commission expires on the 10 day of June, 2024.

*Jamie Davis*  
Notary Public



*Fannin*  
County, Texas

# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

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

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- The applicant's property boundaries
  - The facility site boundaries within the applicant's property boundaries
  - The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
  - The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
  - The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
  - The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
  - The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
  - The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
  - The property boundaries of all landowners surrounding the effluent disposal site
  - The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
  - The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B.  Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- USB Drive
  - Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: NOT APPLICABLE
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- Yes
  - No

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

NOT APPLICABLE

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

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

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

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

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

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

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

- Ownership
- Restrictive easement
- Nuisance odor control
- Variance

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

- Yes       No

# DOMESTIC WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**Attachment:** No. 5

# ATTACHMENT 1

## INDIVIDUAL INFORMATION

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

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

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

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

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

Date of Birth: N/A

Mailing Address: N/A

City, State, and Zip Code: N/A

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

E-mail Address: N/A

CN: N/A

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

**Things to Know:**

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

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

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

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

Plain Language Summary  Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
**DOMESTIC WASTEWATER PERMIT APPLICATION  
TECHNICAL REPORT 1.0**

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

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

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

**A. Existing/Interim I Phase**

Design Flow (MGD): .500

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

Estimated construction start date: EXISTING

Estimated waste disposal start date: 2001

**B. Interim II Phase**

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

**C. Final Phase**

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

**D. Current Operating Phase**

Provide the startup date of the facility: EXISTING / 2001

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

**A. Current Operating Phase**

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

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

Sewage enters the facility through a 12 inch pipe into the raw water pump station; thence through the bar screen, thence through the grit and scum trap; thence to three (#) aerated ponds, thence the two (2) oxidation basins then to the discharge point.to Honey Grove Creek.

**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)
Aerated Pond 1	1	203' x 108' x 8'
Aerated Ponds 2/3	2	99' x 90.5' x 8'
Oxidation Pond 1	1	2.65 acres x 6' deep
Oxidation Pond 2	1	2.57 acres x 6' deep

**C. Process Flow Diagram**

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

**Attachment: No. 8**

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

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

- Latitude: 33.604167
- Longitude: 95.91888

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

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

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

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

**Attachment: No. 9**



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

City of Honey Grove
---------------------

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
Honey Grove	Honey Grove	Publicly Owned	
		Choose an item.	
		Choose an item.	
		Choose an item.	

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

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

- Yes  No

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

- Yes  No

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

NOT APPLICABLE
----------------

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

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

- Yes  No

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

Yes  No

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

NOT APPLICABLE

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

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

**A. Summary transmittal**

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

Yes  No

If yes, provide the date(s) of approval for each phase: UNKNOWN

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.**

NOT APPLICABLE

**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.

NOT APPLICABLE

**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*.

NOT APPLICABLE
----------------

**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.

NOT APPLICABLE
----------------

**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.

NOT APPLICABLE

**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.

NOT APPLICABLE

**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 N/A or TXRNE N/A

**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:

NOT APPLICABLE

**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.

NOT APPLICABLE

**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.

NOT APPLICABLE

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.

NOT APPLICABLE

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.

NOT APPLICABLE

**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<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

NOT APPLICABLE

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

**2. Acceptance of septic waste**

Is the facility accepting or will it accept septic waste?

Yes  No

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

Yes  No

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

Yes  No

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

NOT APPLICABLE

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.

NOT APPLICABLE

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

Is the facility in operation?

Yes  No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	13		1	Grab	6/27/24 09:00 am
Total Suspended Solids, mg/l	7		1	Grab	6/27/24 09:00 am
Ammonia Nitrogen, mg/l	0.50		1	Grab	6/27/24 09:00 am
Nitrate Nitrogen, mg/l	<0.40		1	Grab	6/27/24 09:00 am
Total Kjeldahl Nitrogen, mg/l	5.02		1	Grab	6/27/24 09:00 am
Sulfate, mg/l	53.1		1	Grab	6/27/24 09:00 am
Chloride, mg/l	42.0		1	Grab	6/27/24 09:00 am
Total Phosphorus, mg/l	0.30		1	Grab	6/27/24 09:00 am
pH, standard units	9.1		1	Grab	6/27/24 09:00 am
Dissolved Oxygen*, mg/l	5.2		1	Grab	6/27/24 09:00 am
Chlorine Residual, mg/l	0.00		1	Grab	6/27/24 09:00 am
<i>E.coli</i> (CFU/100ml) freshwater	<1.0		1	Grab	6/27/24 09:00 am
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	436		1	Grab	6/27/24 09:00 am
Electrical Conductivity, µmohs/cm, †	680	N/A	1	Grab	6/27/24 09:00 am
Oil & Grease, mg/l	<7.0		1	Grab	6/27/24 09:00 am
Alkalinity (CaCO <sub>3</sub> )*, mg/l	188		1	Grab	6/27/24 09:00 am

\*TPDES permits only

†TLAP permits only

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

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

**Section 8. Facility Operator (Instructions Page 50)**Facility Operator Name: Charles Massey / Mark PattersonFacility Operator's License Classification and Level: D / BFacility Operator's License Number: WW0069078 / WW00336801



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

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

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

### C. Biosolids Management

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

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

**Biosolids Management**

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	On-Site Owner or Operator	Bulk		Class B: PSRP Aerobic Digestion	Option 5: Aerobic process for 14 days at >40C
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: Blossum Prairie

TCEQ permit or registration number: 2358

County where disposal site is located: Lamar

**E. Transportation method**

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

Name of the hauler: Sanitation Solutions

Hauler registration number: 23976

Sludge is transported as a:

Liquid     semi-liquid     semi-solid     solid

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

**A. Beneficial use authorization**

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

Yes  No

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

Yes  No

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

Yes  No

**B. Sludge processing authorization**

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

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

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

- Yes  No

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

Does this facility include sewage sludge lagoons?

- Yes  No

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

**A. Location information**

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

- Original General Highway (County) Map:  
**Attachment: N/A**
- USDA Natural Resources Conservation Service Soil Map:  
**Attachment: N/A**
- Federal Emergency Management Map:  
**Attachment: N/A**
- Site map:  
**Attachment: N/A**

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

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

**Attachment: NOT APPLICATION**

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:

NOT APPLICABLE

**B. Temporary storage information**

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

Nitrate Nitrogen, mg/kg: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

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

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

**C. Liner information**

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

Yes  No

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

NOT APPLICABLE

**D. Site development plan**

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

NOT APPLICABLE

Attach the following documents to the application.

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

**E. Groundwater monitoring**

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

Yes  No

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:** NOT APPLICABLE

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

**A. Additional authorizations**

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

Yes  No

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

New Air Source Permit FB0066G

**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:

NOT APPLICABLE

**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:** NOT APPLICABLE

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

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

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

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

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

### CERTIFICATION:

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

Printed Name: Claude Caffee

Title: Mayor

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

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



06-28-27



# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.1

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

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

### A. Justification of permit need

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

NOT APPLICABLE

### B. Regionalization of facilities

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

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

#### 1. Municipally incorporated areas

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

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

Yes  No  Not Applicable

If yes, within the city limits of: Honey Grove

If yes, attach correspondence from the city.

**Attachment:** NOT APPLICABLE

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

**Attachment:** NOT APPLICABLE

#### 2. Utility CCN areas

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

Yes  No

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

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

Attachment: NOT APPLICABLE

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

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

Yes       No

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

Attachment: NOT APPLICABLE

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

Attachment: NOT APPLICABLE

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

Attachment: NOT APPLICABLE

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

Is this facility in operation?

Yes       No

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

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

### A. Current organic loading

Facility Design Flow (flow being requested in application): N/A

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

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

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

NOT APPLICABLE

**B. Proposed organic loading**

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

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality	N/A	N/A
Subdivision	N/A	N/A
Trailer park - transient	N/A	N/A
Mobile home park	N/A	N/A
School with cafeteria and showers	N/A	N/A
School with cafeteria, no showers	N/A	N/A
Recreational park, overnight use	N/A	N/A
Recreational park, day use	N/A	N/A
Office building or factory	N/A	N/A
Motel	N/A	N/A
Restaurant	N/A	N/A
Hospital	N/A	N/A
Nursing home	N/A	N/A
Other	N/A	N/A
TOTAL FLOW from all sources	N/A	N/A
AVERAGE BOD <sub>5</sub> from all sources	N/A	N/A

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

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

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

Total Suspended Solids, mg/l: N/A

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

**B. Interim II Phase Design Effluent Quality**

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

Total Suspended Solids, mg/l: N/A

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

**C. Final Phase Design Effluent Quality**

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

Total Suspended Solids, mg/l: N/A

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: N/A

Other: N/A

**D. Disinfection Method**

Identify the proposed method of disinfection.

Chlorine: N/A mg/l after N/A minutes detention time at peak flow

Dechlorination process: N/A

Ultraviolet Light: N/A seconds contact time at peak flow

Other: N/A

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

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

Attachment: NOT APPLICABLE

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

**A. 100-year floodplain**

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

Yes  No

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

NOT APPLICATION

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

FEMA

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

Yes  No

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

Yes  No

If yes, provide the permit number: N/A

If no, provide the approximate date you anticipate submitting your application to the Corps: N/A

#### B. Wind rose

Attach a wind rose: N/A

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

#### A. Beneficial use authorization

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

Yes  No

If yes, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: NOT APPLICABLE

#### B. Sludge processing authorization

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

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

If any of the above, sludge options are selected, attach the completed **Domestic Wastewater Permit Application: Sewage Sludge Technical Report (TCEQ Form No. 10056)**: NOT APPLICABLE

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

Attach a solids management plan to the application.

**Attachment:** NOT APPLICABLE

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

- Treatment units and processes dimensions and capacities

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

Yes  No

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

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

**Attachment:** NOT APPLICABLE

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

Does the facility discharge into tidally affected waters?

Yes  No

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

### A. Receiving water outfall

Width of the receiving water at the outfall, in feet: N/A

### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

Yes  No

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

NOT APPLICABLE

### 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).

NOT APPLICABLE

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

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

Yes  No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Honey Grove Creek

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

Stream

Freshwater Swamp or Marsh

Lake or Pond

Surface area, in acres: N/A

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

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

Man-made Channel or Ditch

Open Bay

Tidal Stream, Bayou, or Marsh

Other, specify: Click to enter text.

#### B. Flow characteristics

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

Intermittent - dry for at least one week during most years

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

Perennial - normally flowing

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

USGS flow records

Historical observation by adjacent landowners

Personal observation

Other, specify: Click to enter text.



**C. Downstream perennial confluences**

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

NONE

**D. Downstream characteristics**

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

Yes  No

If yes, discuss how.

NONE

**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 66)**

**A. Upstream influences**

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

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

Required for new applications, major facilities, and applications adding an outfall.

Worksheet 2.1 is not required for discharges to intermittent streams or discharges directly to (or within 300 feet of) a classified segment.

### Section 1. General Information (Instructions Page 66)

Date of study: N/A Time of study: N/A

Stream name: N/A

Location: N/A

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

Perennial  Intermittent with perennial pools

### Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: Click to enter text.

Number of stream bends that are moderately defined: N/A

Number of stream bends that are poorly defined: N/A

Number of riffles: N/A

Evidence of flow fluctuations (check one):

Minor  moderate  severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

NOT APPLICABLE

**Stream transects**

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

**Table 2.1(1) - Stream Transect Records**

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

**Section 3. Summarize Measurements (Instructions Page 66)**

Streambed slope of entire reach, from USGS map in feet/feet: N/A

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): N/A

Length of stream evaluated, in feet: N/A

Number of lateral transects made: N/A

Average stream width, in feet: N/A

Average stream depth, in feet: N/A

Average stream velocity, in feet/second: N/A

Instantaneous stream flow, in cubic feet/second: N/A

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): N/A

Size of pools (large, small, moderate, none): N/A

Maximum pool depth, in feet: N/A

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

## Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

- |  |  |
|--|--|
| <input type="checkbox"/> Surface application                               | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation  | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system                            | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation                                       | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <u>NOT APPLICABLE</u> |  |

NOTE: All applicants without authorization or proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0.

For existing authorizations, provide Registration Number: N/A

## Section 2. Land Application Site(s) (Instructions Page 68)

In table 3.0(1), provide the requested information for the land application sites. Include the agricultural or cover crop type (wheat, cotton, alfalfa, bermuda grass, native grasses, etc.), land use (golf course, hayland, pastureland, park, row crop, etc.), irrigation area, amount of effluent applied, and whether or not the public has access to the area. Specify the amount of land area and the amount of effluent that will be allotted to each agricultural or cover crop, if more than one crop will be used.

**Table 3.0(1) – Land Application Site Crops**

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

### Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 68)

**Table 3.0(2) – Storage and Evaporation Ponds**

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Attach a copy of a liner certification that was prepared, signed, and sealed by a Texas licensed professional engineer for each pond.

**Attachment:** NOT APPLICABLE

### Section 4. Flood and Runoff Protection (Instructions Page 68)

Is the land application site within the 100-year frequency flood level?

Yes  No

If **yes**, describe how the site will be protected from inundation.

NOT APPLICABLE

Provide the source used to determine the 100-year frequency flood level:

NOT APPLICABLE

Provide a description of tailwater controls and rainfall run-on controls used for the land application site.

NOT APPLICABLE

## Section 5. Annual Cropping Plan (Instructions Page 68)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

- Soils map with crops
- Cool and warm season plant species
- Crop yield goals
- Crop growing season
- Crop nutrient requirements
- Additional fertilizer requirements
- Minimum/maximum harvest height (for grass crops)
- Supplemental watering requirements
- Crop salt tolerances
- Harvesting method/number of harvests
- Justification for not removing existing vegetation to be irrigated

## Section 6. Well and Map Information (Instructions Page 69)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** NOT APPLICABLE

- The boundaries of the land application site(s)
- Waste disposal or treatment facility site(s)
- On-site buildings
- Buffer zones
- Effluent storage and tailwater control facilities
- All water wells within 1-mile radius of the disposal site or property boundaries
- All springs and seeps onsite and within 500 feet of the property boundaries
- All surface waters in the state onsite and within 500 feet of the property boundaries
- All faults and sinkholes onsite and within 500 feet of the property

List and cross reference all water wells located within a half-mile radius of the disposal site or property boundaries shown on the USGS map in the following table. Attach additional pages as necessary to include all of the wells.

**Table 3.0(3) – Water Well Data**

Well ID	Well Use	Producing? Y/N	Open, cased, capped, or plugged?	Proposed Best Management Practice
N/A	N/A	N/A	Choose an item.	N/A
N/A	N/A	N/A	Choose an item.	N/A
N/A	N/A	N/A	Choose an item.	N/A
N/A	N/A	N/A	Choose an item.	N/A
N/A	N/A	N/A	Choose an item.	N/A

If water quality data or well log information is available please include the information in an attachment listed by Well ID.

**Attachment:** NOT APPLICABLE

**Section 7. Groundwater Quality (Instructions Page 69)**

Attach a Groundwater Quality Technical Report which assesses the impact of the wastewater disposal system on groundwater. This report shall include an evaluation of the water wells (including the information in the well table provided in Item 6. above), the wastewater application rate, and pond liners. Indicate by a check mark that this report is provided.

**Attachment:** NOT APPLICABLE

Are groundwater monitoring wells available onsite?  Yes  No

Do you plan to install ground water monitoring wells or lysimeters around the land application site?  Yes  No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

**Attachment:** NOT APPLICABLE

**Section 8. Soil Map and Soil Analyses (Instructions Page 70)**

**A. Soil map**

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

**Attachment:** NOT APPLICABLE

**B. Soil analyses**

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

**Attachment:** NOT APPLICABLE

List all USDA designated soil series on the proposed land application site. Attach additional pages as necessary.

**Table 3.0(4) – Soil Data**

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A





Provide a discussion of all persistent excursions above the permitted limits and any corrective actions taken.

NOT APPLICABLE

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendment permit applications may be asked for this worksheet on a case by case basis.

### Section 1. Surface Disposal (Instructions Page 72)

Complete the item that applies for the method of disposal being used.

#### A. Irrigation

Area under irrigation, in acres: N/A

Design application frequency:

hours/day N/A And days/week N/A

Land grade (slope):

average percent (%): N/A

maximum percent (%): N/A

Design application rate in acre-feet/acre/year: N/A

Design total nitrogen loading rate, in lbs N/acre/year: N/A

Soil conductivity (mmhos/cm): N/A

Method of application: N/A

Attach a separate engineering report with the water balance and storage volume calculations, method of application, irrigation efficiency, and nitrogen balance.

**Attachment:** NOT APPLICABLE

#### B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: N/A

Attach a separate engineering report with the water balance and storage volume calculations.

**Attachment:** N/A

#### C. Evapotranspiration beds

Number of beds: N/A

Area of bed(s), in acres: N/A

Depth of bed(s), in feet: N/A

Void ratio of soil in the beds: N/A

Storage volume within the beds, in acre-feet: N/A

Attach a separate engineering report with the water balance and storage volume calculations, and a description of the lining.

**Attachment:** NOT APPLICABLE

**D. Overland flow**

Area used for application, in acres: N/A

Slopes for application area, percent (%): N/A

Design application rate, in gpm/foot of slope width: N/A

Slope length, in feet: N/A

Design BOD<sub>5</sub> loading rate, in lbs BOD<sub>5</sub>/acre/day: N/A

Design application frequency:

hours/day: N/A **And** days/week: N/A

Attach a separate engineering report with the method of application and design requirements according to *30 TAC Chapter 217*.

**Attachment:** NOT APPLICABLE

**Section 2. Edwards Aquifer (Instructions Page 73)**

Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

Yes  No

If **yes**, is the facility located on the Edwards Aquifer Recharge Zone?

Yes  No

If **yes**, attach a geological report addressing potential recharge features.

**Attachment:** NOT APPLICABLE

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

### Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- Low Pressure Dosing
- Other, specify: N/A

Application area, in acres: N/A

Area of drainfield, in square feet: N/A

Application rate, in gal/square foot/day: N/A

Depth to groundwater, in feet: N/A

Area of trench, in square feet: N/A

Dosing duration per area, in hours: N/A

Number of beds: N/A

Dosing amount per area, in inches/day: N/A

Infiltration rate, in inches/hour: N/A

Storage volume, in gallons: N/A

Area of bed(s), in square feet: N/A

Soil Classification: N/A

Attach a separate engineering report with the information required in *30 TAC § 309.20*, excluding the requirements of § 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

Attachment: N/A

### Section 2. Edwards Aquifer (Instructions Page 74)

Is the subsurface system over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

- Yes  No

Is the subsurface system over the Edwards Aquifer Transition Zone as mapped by TCEQ?

- Yes  No

**If yes to either question**, the subsurface system may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team, at 512-239-4671, to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

The following is required for new and major amendment subsurface area drip dispersal system permit applications. Renewal and minor amendments applicants may be asked for the worksheet on a case by case basis.

NOTE: All applicants proposing new/amended subsurface disposal MUST complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that meets the definition of a subsurface area drip dispersal system as defined in 30 TAC Chapter 222, *Subsurface Area Drip Dispersal System*.

## Section 1. Administrative Information (Instructions Page 75)

- A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:
- B. N/A Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

Yes  No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

N/A

- C. Owner of the subsurface area drip dispersal system: N/A
- D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

Yes  No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

N/A

- E. Owner of the land where the subsurface area drip dispersal system is located: N/A
- F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

Yes  No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

N/A

## Section 2. Subsurface Area Drip Dispersal System (Instructions Page

**A. Type of system**

- Subsurface Drip Irrigation
- Surface Drip Irrigation
- Other, specify: N/A

**B. Irrigation operations**

Application area, in acres: NA/

Infiltration Rate, in inches/hour: N/A

Average slope of the application area, percent (%): N/A

Maximum slope of the application area, percent (%): N/A

Storage volume, in gallons: N/A

Major soil series: N/A

Depth to groundwater, in feet: N/A

**C. Application rate**

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

- Yes  No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

- Yes  No

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

- Yes  No

Hydraulic application rate, in gal/square foot/day: N/A

Nitrogen application rate, in lbs/gal/day: N/A

**D. Dosing information**

Number of doses per day: N/A

Dosing duration per area, in hours: N/A

Rest period between doses, in hours: N/A

Dosing amount per area, in inches/day: N/A

Number of zones: N/A

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

Yes  No

If yes, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

Attachment: N/A

### Section 3. Required Plans (Instructions Page 75)

#### A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in 30 TAC §222.79.

Attachment: N/A

#### B. Soil evaluation

Attach a Soil Evaluation with all information required in 30 TAC §222.73.

Attachment: N/A

#### C. Site preparation plan

Attach a Site Preparation Plan with all information required in 30 TAC §222.75.

Attachment: N/A

#### D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in 30 TAC §222.157.

Attachment: N/A

### Section 4. Floodway Designation (Instructions Page 76)

#### A. Site location

Is the existing/proposed land application site within a designated floodway?

Yes  No

#### B. Flood map

Attach either the FEMA flood map or alternate information used to determine the floodway.

Attachment: N/A

### Section 5. Surface Waters in the State (Instructions Page 76)

#### A. Buffer Map

Attach a map showing appropriate buffers on surface waters in the state, water wells, and springs/seeps.

Attachment: N/A

#### B. Buffer variance request



Do you plan to request a buffer variance from water wells or waters in the state?

Yes  No

If yes, then attach the additional information required in *30 TAC § 222.81(c)*.

Attachment: N/A

## Section 6. Edwards Aquifer (Instructions Page 76)

A. Is the SADDs located over the Edwards Aquifer Recharge Zone as mapped by TCEQ?

Yes  No

B. Is the SADDs located over the Edwards Aquifer Transition Zone as mapped by TCEQ?

Yes  No

If yes to either question, then the SADDs may be prohibited by *30 TAC §213.8*. Please call the Municipal Permits Team at 512-239-4671 to schedule a pre-application meeting.

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

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

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

Grab  Composite

Date and time sample(s) collected: NOT APPLICABLE – UNDER 1 MGD

**Table 4.0(1) – Toxics Analysis**

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

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

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

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

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

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

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

## Section 2. Priority Pollutants

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

Grab  Composite

Date and time sample(s) collected: NOT APPLICABLE - UNDER 1 MGD

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

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

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

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

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

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

**Table 4.0(2)C – Acid Compounds**

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



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

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

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

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

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

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

### Section 3. Dioxin/Furan Compounds

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

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

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

NOT APPLICABLE

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

- Yes  No

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

NOT APPLICABLE

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

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

Grab  Composite

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

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

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

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

7-day Chronic: N/A

48-hour Acute: N/A

## Section 2. Toxicity Reduction Evaluations (TREs)

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

Yes  No

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

NOT APPLICABLE

### Section 3. Summary of WET Tests

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

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

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

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

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

### B. Treatment plant interference

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

Yes  No

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

NOT APPLICABLE



**C. Treatment plant pass through**

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

Yes  No

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

NOT APPLICABLE

**D. Pretreatment program**

Does your POTW have an approved pretreatment program?

Yes  No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

Yes  No

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

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

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

**A. Substantial modifications**

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

Yes  No

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

NOT APPLICABLE

**B. Non-substantial modifications**

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

Yes  No

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

NOT APPLICABLE

**C. Effluent parameters above the MAL**

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

**Table 6.0(1) - Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

**D. Industrial user interruptions**

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

Yes  No

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

NOT APPLICABLE

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

#### A. General information

Company Name: N/A

SIC Code: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

#### B. Process information

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

NOT APPLICABLE

#### C. Product and service information

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

NOT APPLICABLE

#### D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type:  Continuous  Batch  Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type:  Continuous  Batch  Intermittent

**E. Pretreatment standards**

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

Yes  No

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

Yes  No

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

Category: Subcategories: N/A

Click or tap here to enter text. N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

**F. Industrial user interruptions**

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

Yes  No

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

NOT APPLICABLE
----------------

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ  
IUC Permits Team  
Radioactive Materials Division  
MC-233  
PO Box 13087  
Austin, Texas 78711-3087  
512-239-6466

For TCEQ Use Only

Reg. No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date Authorized \_\_\_\_\_

## Section 1. General Information (Instructions Page 92)

### 1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): N/A

Program ID: N/A

Contact Name: N/A

Phone Number: N/A

### 2. Agent/Consultant Contact Information

Contact Name: N/A

Address: N/A

City, State, and Zip Code: N/A

Phone Number: N/A

### 3. Owner/Operator Contact Information

Owner  Operator

Owner/Operator Name: N/A

Contact Name: N/A

Address: N/A

City, State, and Zip Code: N/A

Phone Number: N/A

### 4. Facility Contact Information

Facility Name: N/A

Address: N/A

City, State, and Zip Code: N/A

Location description (if no address is available): N/A

Facility Contact Person: N/A

Phone Number: N/A

5. **Latitude and Longitude, in degrees-minutes-seconds**

Latitude: N/A

Longitude: N/A

Method of determination (GPS, TOPO, etc.): N/A

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- Vertical Injection
- Subsurface Fluid Distribution System
- Infiltration Gallery
- Temporary Injection Points
- Other, Specify: N/A

Number of Injection Wells: N/A

7. **Purpose**

Detailed Description regarding purpose of Injection System:

N/A
-----

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: N/A

City, State, and Zip Code: N/A

Phone Number: N/A

License Number: N/A

**Section 2. Proposed Down Hole Design**

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Table 7.0(1) – Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout - Slurry Volume - Top of Cement	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

### Section 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: N/A

System(s) Construction: N/A

### Section 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: N/A
2. Receiving Formation Name of Injection Zone: N/A
3. Well/Trench Total Depth: N/A
4. Surface Elevation: N/A
5. Depth to Ground Water: NA/
6. Injection Zone Depth: N/A
7. Injection Zone vertically isolated geologically?  Yes  No  
Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:  
Name: N/A  
Thickness: N/A
8. Provide a list of contaminants and the levels (ppm) in contaminated aquifer  
Attach as Attachment E.
9. Horizontal and Vertical extent of contamination and injection plume  
Attach as Attachment F.
10. Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc.  
Attach as Attachment G.
11. Injection Fluid Chemistry in PPM at point of injection  
Attach as Attachment H.
12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: N/A
13. Maximum injection Rate/Volume/Pressure: N/A
14. Water wells within 1/4 mile radius (attach map as Attachment I): N/A
15. Injection wells within 1/4 mile radius (attach map as Attachment J): N/A
16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): N/A
17. Sampling frequency: N/A
18. Known hazardous components in injection fluid: N/A

## Section 5. Site History

1. Type of Facility: N/A
2. Contamination Dates: N/A
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): N/A
4. Previous Remediation (attach results of any previous remediation as attachment M): N/A

**NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.**

### *Class V Injection Well Designations*

- 5A07 Heat Pump/AC return (IW used for groundwater to heat and/or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Storm Water Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by ground water withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTP disposal
- 5W20 Industrial Process Waste Disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)



# **ATTACHMENT No. 1**

**Core Data Form**

**Page 4, Section 3, Item C**



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.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (If issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (If issued)
CN 600642067		RN 102956356

## SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		07/15/2024	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an Individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
City of Honey Grove					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
				75-6000560	
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
12. Number of Employees				13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> VCP/BSA Applicant	
<input type="checkbox"/> Other:					
15. Mailing Address:	633 North 6 <sup>th</sup> Street				
	City	Honey Grove	State	TX	ZIP
				75446	ZIP + 4
16. Country Mailing Information (If outside USA)			17. E-Mail Address (If applicable)		
			utility@cityofhoneygrove.org		

<b>18. Telephone Number</b> ( 903 ) 378-3033	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b> ( 903 ) 378-7890
---	------------------------------	---

### SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)							
<input type="checkbox"/> New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name <input type="checkbox"/> Update to Regulated Entity Information							
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>							
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)							
Honey Grove Wastewater Treatment Plant							
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	100 Wastewater Way						
	<b>City</b>	Honey Grove	<b>State</b>	TX	<b>ZIP</b>	75446	<b>ZIP + 4</b>
<b>24. County</b>	Fannin						

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

<b>25. Description to Physical Location:</b>								
<b>26. Nearest City</b>	Honey Grove				<b>State</b>	TX	<b>Nearest ZIP Code</b>	75446
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		33.604167			<b>28. Longitude (W) In Decimal:</b>		95.918889	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
33	36	15	95	55	08			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4592			221320					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Treatment of domestic sewage								
<b>34. Mailing Address:</b>	633 North 6 <sup>th</sup> Street							
	<b>City</b>	Honey Grove	<b>State</b>	TX	<b>ZIP</b>	75446	<b>ZIP + 4</b>	
<b>35. E-Mail Address:</b>	utility@cityofhoneygrove.org							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>			<b>38. Fax Number (if applicable)</b>				
( 903 ) 378-3033				( 903 ) 378-7890				

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

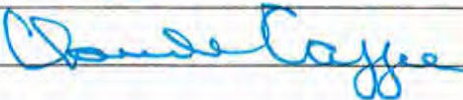
<input checked="" type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
TX00422				
<input type="checkbox"/> Municipal Solid Waste	<input checked="" type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input checked="" type="checkbox"/> PWS
	FB0066G			TX0740003
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input checked="" type="checkbox"/> Other: Air quality non-permitted
	WQ0010710003 TX0024864			R04101917094

**SECTION IV: Preparer Information**

<b>40. Name:</b>	Siglinda West	<b>41. Title:</b>	Regulatory Complince Specialist
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 903 ) 581-8141	1314	( 888 ) 224-9418	swest@ksaeng.com

**SECTION V: Authorized Signature**

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

<b>Company:</b>	City of Honey Grove	<b>Job Title:</b>	Mayor
<b>Name (In Print):</b>	Claude Caffey	<b>Phone:</b>	( 903 ) 378- 3033
<b>Signature:</b>		<b>Date:</b>	06-28-21

## **ATTACHMENT No. 2**

**Plain Language Summary**

**Page 7, Section 8, F**

# ATTACHMENT No. 2

## PLAIN LANGUAGE SUMMARY

(ENGLISH)

PAGE 1

City of Honey Grove (CN6006420673) operates Honey Grove Wastewater Treatment Plant (RN102956356), a pond system wastewater facility. The facility is located at 100 Wastewater Way, in Honey Grove, Fannin County, Texas 75446. City of Honey Grove is applying to the TCQ for a renewal of TPDES Permit No. WQ0010710003 to authorize the discharge of treated domestic wastewater at a daily average flow not to exceed 500,000 gallons per day.

Discharges from the facility are expected to contain CBOD5, Total Suspended Solids, Ammonia Nitrogen, Nitrate Nitrogen, Total Kjeldahl Nitrogen, Sulfate, Chloride, Total Phosphorus, pH, Dissolved Solids, Dissolved Oxygen, Chlorine Residual, Oil and Grease, Alkalinity. Domestic wastewater is treated by entering the facility through a 12 inch pipe into the raw water pump station, then through the bar screen, then through the grit and scum trap, then to a series of three aerated ponds, then in to the two oxidation basins, then to the discharge point.

## ATTACHMENT No. 2

### PLAIN LANGUAGE SUMMARY

(SPANISH)

PAGE 2

La ciudad de Honey Grove (CN6006420673) opera la planta de tratamiento de aguas residuales de Honey Grove (), instalación de aguas residuales del sistema de estanques. La instalación está ubicada en 100 Wastewater Way, en Honey Grove, condado de Fannin, Texas. La ciudad de Honey Grove está solicitando a la TCQ una renovación del Permiso TPDES No. WQ0010710003 autorizar la descarga de aguas residuales domésticas tratadas a un caudal promedio diario que no exceda los 500,000 galones por día. RN102956356 un es 75446

Se espera que las descargas de la instalación contengan CBOD5, sólidos suspendidos totales, nitrógeno amoniacal, nitrógeno nítrico, nitrógeno Kjeldahl total, sulfato, cloruro, fósforo total, pH, sólidos disueltos, oxígeno disuelto, cloro residual, aceite y grasa, alcalinidad. Ingresando a la instalación a través de una tubería de 12 pulgadas en la estación de bombeo de agua cruda, luego a través de la pantalla de barras, luego a través de la trampa de arena y escoria, luego a una serie de tres estanques aireados, luego a las dos cuencas de oxidación, luego al punto de descarga. Aguas residuales domésticas es

**ATTACHMENT No. 3**

**Public Involvement Plan Form**

**Page 7, Section 8, G**





Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

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

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

### Section 1. Preliminary Screening

- New Permit or Registration Application  
 New Activity - modification, registration, amendment, facility, etc. (see instructions)

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

### Section 2. Secondary Screening

- Requires public notice,  
 Considered to have significant public interest, and  
 Located within any of the following geographical locations:
- Austin
  - Dallas
  - Fort Worth
  - Houston
  - San Antonio
  - West Texas
  - Texas Panhandle
  - Along the Texas/Mexico Border
  - Other geographical locations should be decided on a case-by-case basis

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

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

NOT APPLICABLE - RENEWAL OF EXISTIN PERMIT

### Section 3. Application Information

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

Air  Initial  Federal  Amendment  Standard Permit  Title V

Waste  Municipal Solid Waste  Industrial and Hazardous Waste  Scrap Tire  
 Radioactive Material Licensing  Underground Injection Control

**Water Quality**

Texas Pollutant Discharge Elimination System (TPDES)

Texas Land Application Permit (TLAP)

State Only Concentrated Animal Feeding Operation (CAFO)

Water Treatment Plant Residuals Disposal Permit

Class B Biosolids Land Application Permit

Domestic Septage Land Application Registration

**Water Rights New Permit**

New Appropriation of Water

New or existing reservoir

**Amendment to an Existing Water Right**

Add a New Appropriation of Water

Add a New or Existing Reservoir

Major Amendment that could affect other water rights or the environment

### Section 4. Plain Language Summary

Provide a brief description of planned activities.

## Section 5. Community and Demographic Information

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

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

(City)

(County)

(Census Tract)

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

City

County

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

(b) Per capita income for population near the specified location

(c) Percent of minority population and percent of population by race within the specified location

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

### Section 6. Planned Public Outreach Activities

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

Yes  No

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

Yes  No

If Yes, please describe.

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

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

Yes  No

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

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

- Publish in alternative language newspaper
- Posted on Commissioner's Integrated Database Website
- Mailed by TCEQ's Office of the Chief Clerk
- Other (specify)

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

Yes  No

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

Yes  No

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

- TCEQ Regional Office  TCEQ Central Office
- Public Place (specify)

### Section 7. Voluntary Submittal

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

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

Yes  No

What types of notice will be provided?

- Publish in alternative language newspaper
- Posted on Commissioner's Integrated Database Website
- Mailed by TCEQ's Office of the Chief Clerk
- Other (specify)

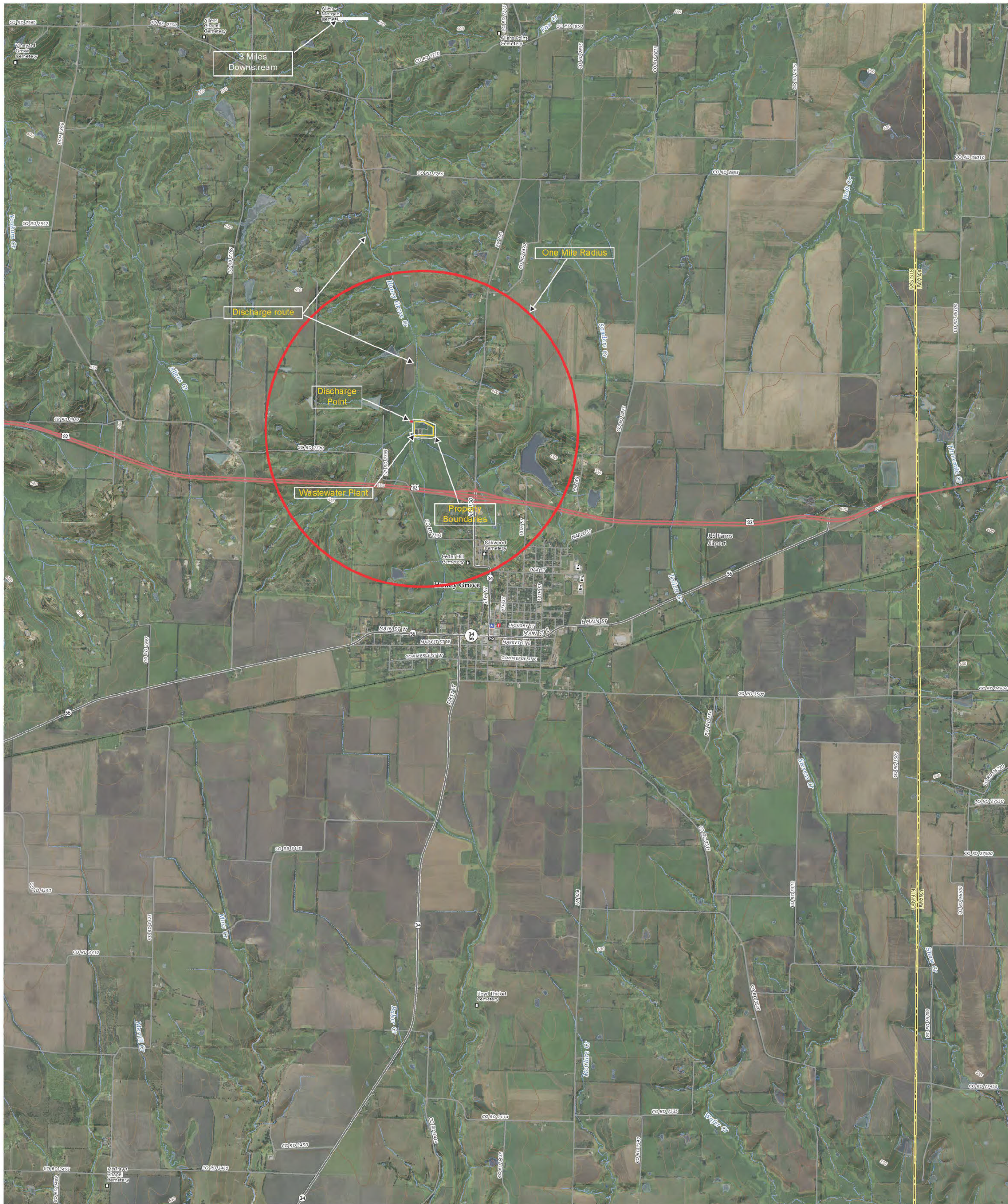
**ATTACHMENT No. 4**

**USGS Map**

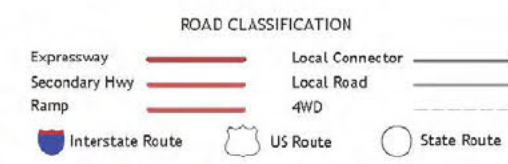
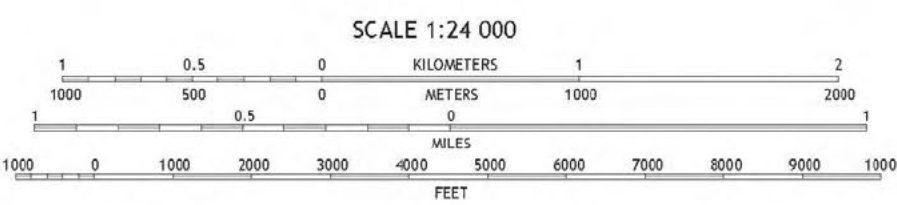
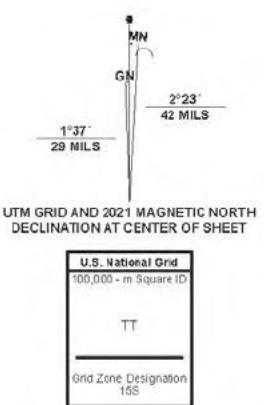
**Page 10, Section 13**

**Administrative Report**





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North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84), Projection and  
1 000-meter grid/Universal Transverse Mercator, Zone 15S  
Data is provided by The National Map (TNM), is the best available at the time of map  
generation, and includes data content from supporting themes of Elevation,  
Hydrography, Geographic Names, Boundaries, Transportation, Structures, Land Cover,  
and Orthimagery. Refer to associated Federal Geographic Data Committee (FGDC)  
Metadata for additional source data information.  
  
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7.5-MINUTE TOPO, TX  
2024

SEAL:  
LIBERTY Firm Registration No. F-1356  
SHEET NO.  
**ATTACHMENT**  
4

**KSA**  
6781 Oak Hill Blvd, Tyler, Texas 75703  
T.903-581.8141 F.888.224.9418  
www.ksaeng.com

DRAWN BY:  
DESIGNED BY:  
LATEST REVISION:  
Swest  
KSA JOB NO.:  
102727

**CITY OF HONEY GROVE**  
**WWTP Discharge Permit**  
**Renewal**  
TPDES WQ0010710003/ TX0117951

**ATTACHMENT NO. 4**  
**USGS TOPO MAP**  
**Page 10, Section 13**  
**Administrative Report**

MARK	REVISION	DATE



**ATTACHMENT No. 5**

**Supplemental Permit Information Form**

**(SPIF)**

**Page 14**

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**  
**SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

<b>TCEQ USE ONLY:</b>	
Application type: <input type="checkbox"/> Renewal <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment <input type="checkbox"/> New	
County: _____	Segment Number: _____
Admin Complete Date: _____	
Agency Receiving SPIF:	
<input type="checkbox"/> Texas Historical Commission	<input type="checkbox"/> U.S. Fish and Wildlife
<input type="checkbox"/> Texas Parks and Wildlife Department	<input type="checkbox"/> U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Honey Grove

Permit No. WQ00 0010710003

EPA ID No. TX 0117951

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

100 Wastewater Way Honey Grove, TX 75446



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): Ms.

First and Last Name: Siglinda West

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

Title: Regulatory Compliance Specialist

Mailing Address: 6781 Oak Hill Blvd.

City, State, Zip Code: Tyler, TX 75703

Phone No.: 903.581.8141 Ext.: 1314 Fax No.: 888.224.9418

E-mail Address: swest@ksaeng.com

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

NOT APPLICABLE

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

From the plant site to Honey Grove Creek; thence to Bois D' Arc Creek; thence to Red River Below Lake Texoma in Segment 202 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 proposed construction, no impacts

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

No existing disturbances

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:

NOT APPLICABLE

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

NOT APPLICABLE

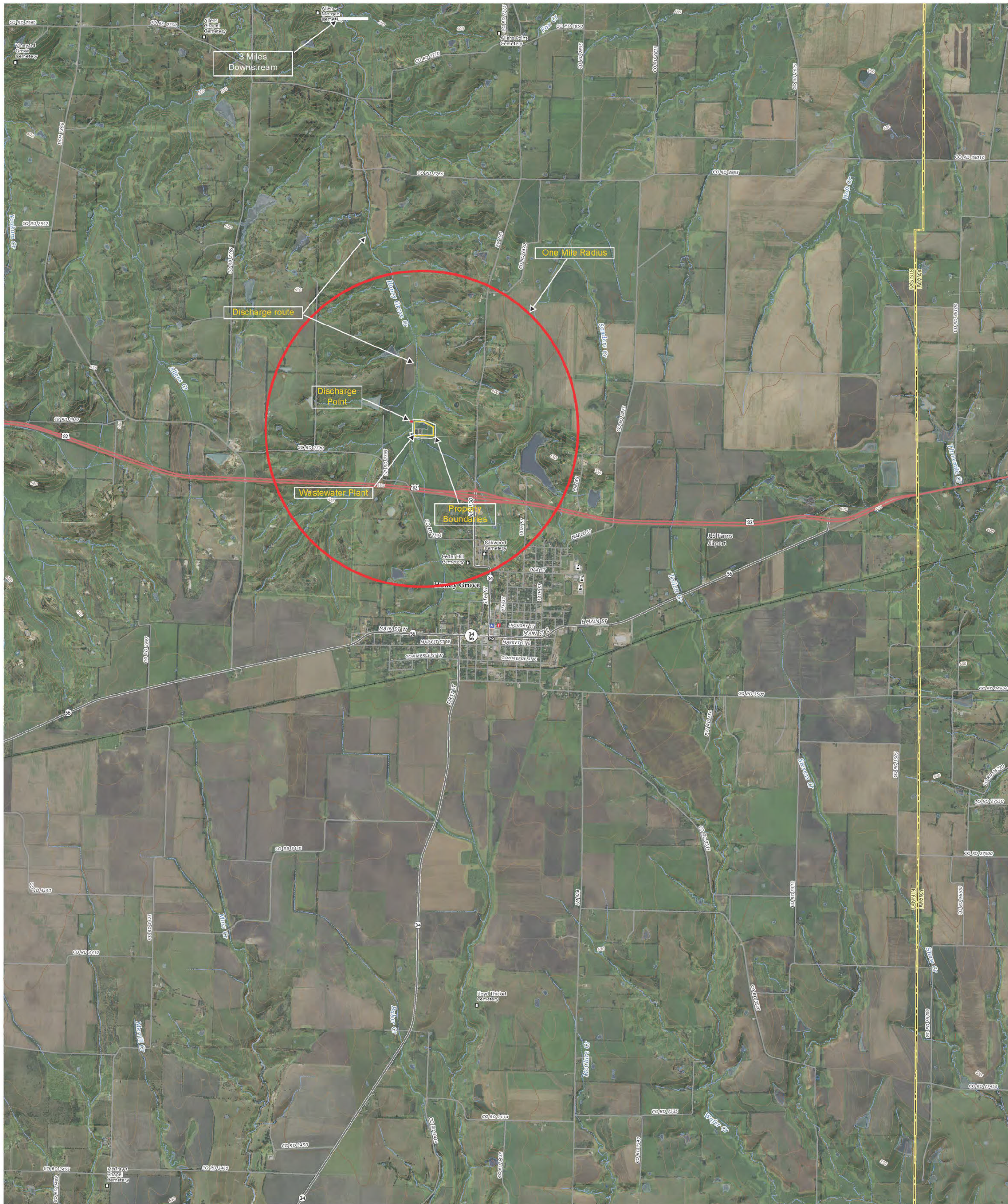
**ATTACHMENT No. 6**

**USGS SPIF Map**

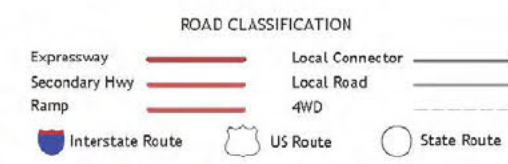
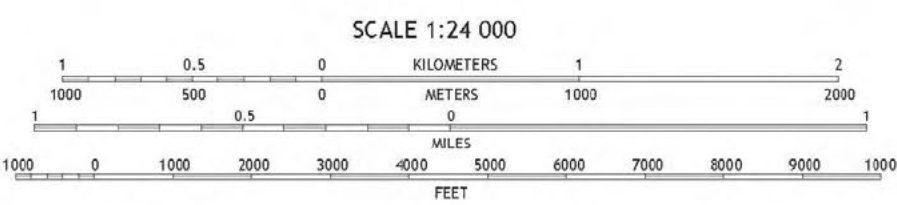
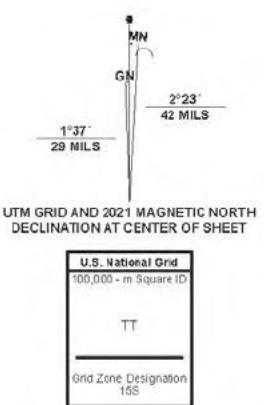
**Page 2, Item 5**

**Supplemental Information Form**





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7.5-MINUTE TOPO, TX  
2024

SEAL:  
LIBERTY Firm Registration No. F-1356  
SHEET NO.  
**ATTACHMENT**  
**6**



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www.ksaeng.com

DRAWN BY:  
DESIGNED BY:  
LATEST REVISION:  
Swest  
KSA JOB NO.:  
102727

**CITY OF HONEY GROVE**  
**WWTP Discharge Permit**  
**Renewal**  
TPDES WQ0010710003/ TX0117951

**ATTACHMENT NO. 6**  
**USGS SPIF TOPO MAP**  
Page 2, Item 5  
**SPIF Form**

MARK	REVISION	DATE

PROJECT NAME

SHEET NAME:

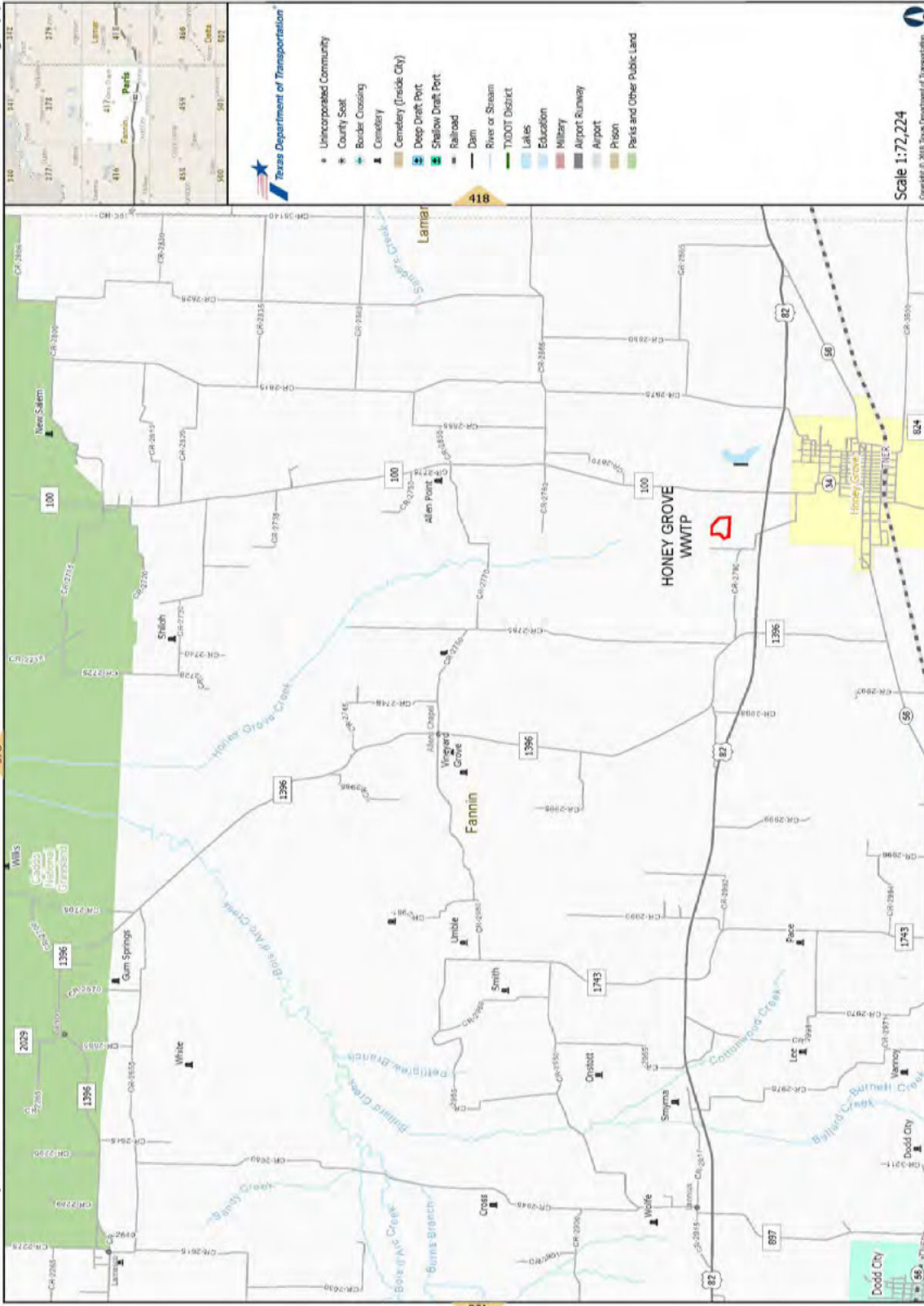


**ATTACHMENT No. 7**

**General Location Map**

**Page 2, Item 5**

**Supplemental Information Form**



Texas Department of Transportation

- Unincorporated Community
- County Seat
- Border Crossing
- Cemetery
- Cemetery (Inside City)
- Deep Draft Port
- Shallow Draft Port
- Railroad
- Dam
- River or Stream
- TODOT District
- Lakes
- Education
- Military
- Airport Runway
- Airport
- Prison
- Parks and Other Public Land

Scale 1:72,224  
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 TBPE Firm Registration No. F-1356

**CITY OF HONEY GROVE  
 WWTW DISCHARGE  
 PERMIT RENEWAL  
 WQ0010710003 TX0117951**

**ATTACHMENT No. 7  
 LOCATION MAP  
 Page 2, Item 5  
 SPIF Form**

**ATTACHMENT  
 No. 7**

# **ATTACHMENT No. 8**

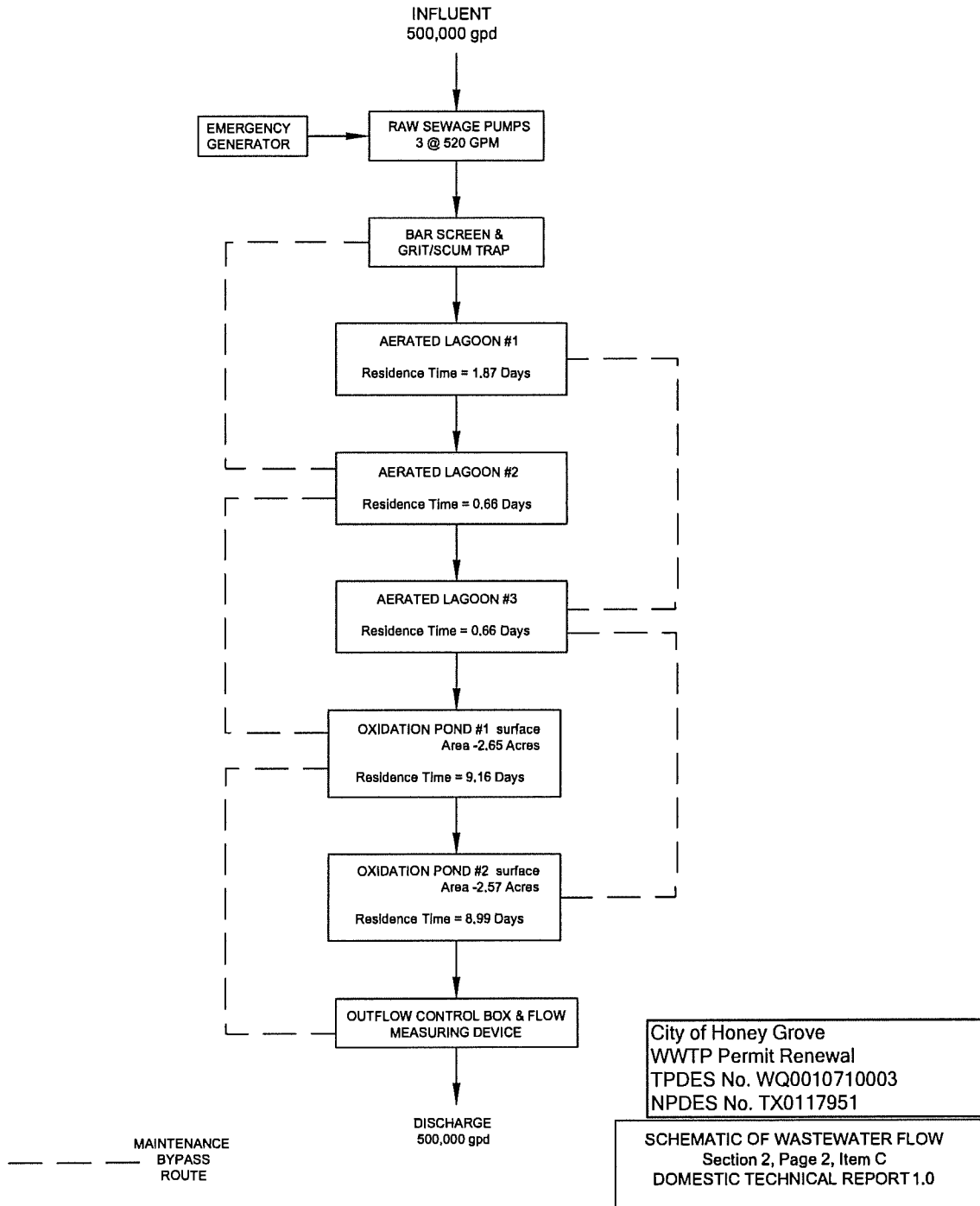
**Flow Diagram**

**Page 2, Section 2, C**

**Technical Report**

# ATTACHMENT No. 8

## Page 2, Section 3 Technical Report





**ATTACHMENT No. 9**

**Site Drawing**

**Page 2, Section 3**

**Technical Report**

Honey Grove WWTP WQ0010710.003

Legend

Wastewater Treatment Plant  
Property Boundaries

Wastewater  
Treatment Plant

700 ft

Google Earth

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TBPE Firm Registration No. F-1356

CITY OF HONEY GROVE  
WWTP DISCHARGE  
PERMIT RENEWAL  
WQ0010710003 TX0117951

ATTACHMENT No. 9  
SITE MAP  
Page 2, Section 3  
Technical Report

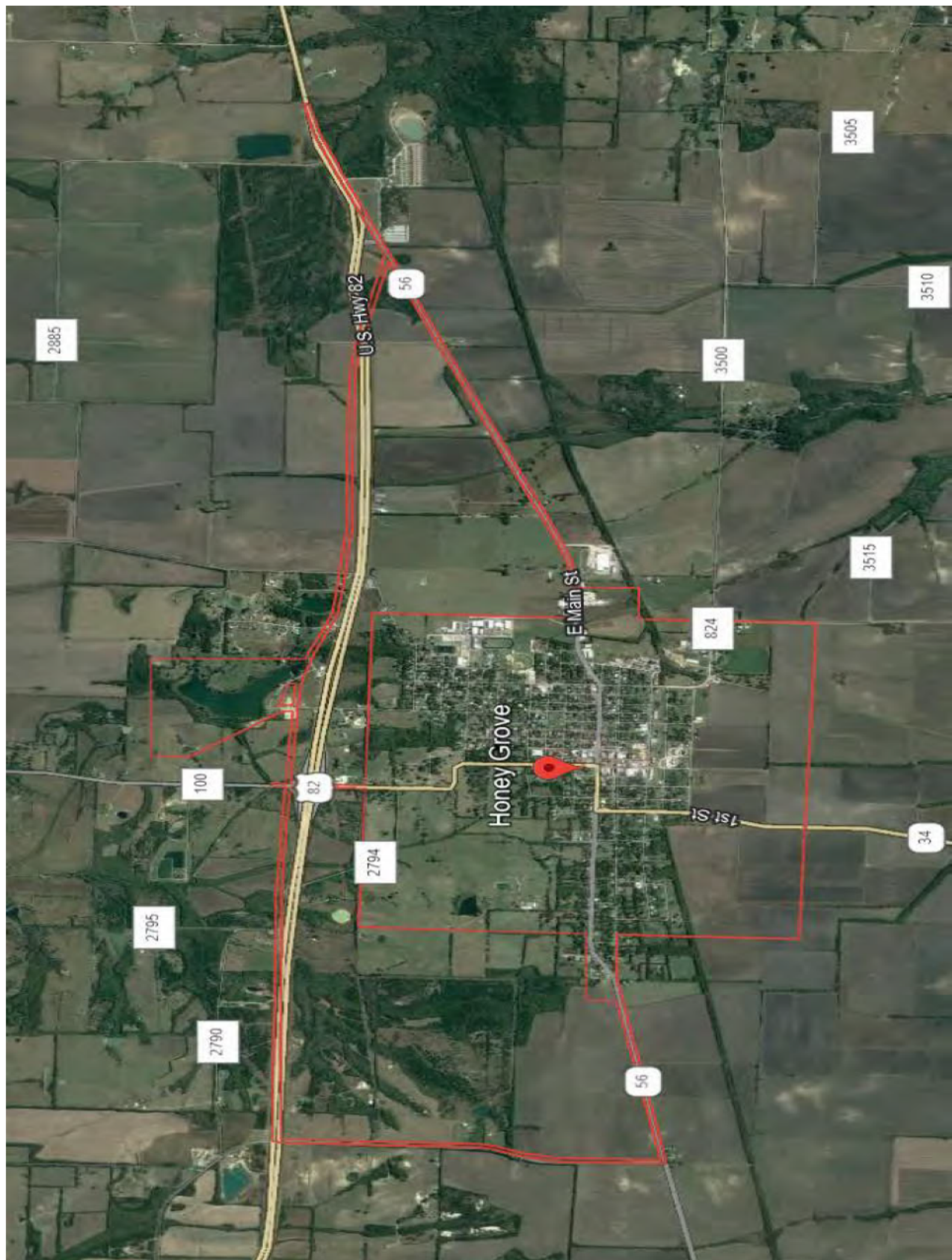
ATTACHMENT  
No. 9

**ATTACHMENT No. 10**

**Service Area**

**Page 2, Section 3**





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**CITY OF HONEY GROVE  
 WWTP DISCHARGE  
 PERMIT RENEWAL  
 WQ0010710003 TX0117951**

**ATTACHMENT No. 10  
 SERVICE AREA  
 Page 2, Section 3  
 Technical Report**

**ATTACHMENT  
 No. 10**

**ATTACHMENT No. 11**

**Pollutant Analysis of Treated Effluent**

**Page 9, Section 7**

**Technical Report**



**ENVIRONMENTAL  
MONITORING  
LABORATORY, L.L.C.**

P.O. Box 477  
6145 State Highway 171  
Hillsboro, Texas 76645  
Phone: 254-582-2622

ANALYTICAL REPORT 24062714

**ANALYTICAL REPORT 24062714**

For:

City of Honey Grove  
9963 US Highway 377 South  
Collinsville, Texas 76233

Sample Site: Renewal Analysis

Collected Date: 06/27/24



Certificate Number: T104704247-23-25  
Lab Number: TX01547

Authorized for release by:  
03-JUL-24

Lisa Soward, Data Manager  
homeoffice@yourwaterlab.com

The test results in this report meet all 2009 NELAC and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory

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

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

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

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

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

### CERTIFICATION:

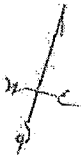
I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Serissa Beck, EMI

Title: General Manager

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

Date: 7/3/24



**ENVIRONMENTAL  
MONITORING  
LABORATORY, L.L.C**

P.O. Box 477  
6145 State Highway 171  
Hillsboro, Texas 76645  
Phone: 254-582-2622

PHYSICAL CHEMISTRY ANALYTICAL SERVICES • OPERATIONAL WATER POLLUTION CONTROL • LABORATORY EQUIPMENT

**ANALYTICAL RESULTS**

Analytical Report: 24062714

Lab ID: 24062714-001      Collected Date: 06/27/24 09:00      Matrix: Waste Water  
Client: City of Honey Grove      Received Date: 06/27/24 12:30      Temp at Receipt: 2 °C  
Sample Site: Renewal Analysis      Report Date: 07/03/24      Sample Collector: MC

Analyte	Abbreviation	Method	TNI Cert	Date Analyzed	Result	Units
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	NP	07/01/24 09:00	0.500	mg/L
Carbonaceous BOD	CBOD	SM 5210/B	NP	06/28/24 07:25	13	mg/L
Total Suspended Solids	TSS	SM 2540/D	NP/P	06/28/24 10:05	7	mg/L
pH	SM4500-H	SM4500/H	N	06/27/24 09:00	9.1	SU
Nitrate as N	E300.0	E 300.0	NP/P	06/27/24 13:55	<0.400	mg/L
Dissolved Oxygen	DO	SM 4500-O	N	06/27/24 09:00	5.2	mg/L
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	NP	07/01/24 11:45	0.300	mg/L
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	NP	07/01/24 14:48	5.02	mg/L
Total dissolved solids	SM2540C	SM 2540/C	N	07/01/24 15:25	436.0	mg/L
Sulfate	E300.0	E 300.0	NP/P	06/27/24 14:06	53.1	mg/L
Chloride	Cl-	SM 4500-Cl-/B	NP	06/27/24 14:42	42.0	mg/L
Chlorine	SM4500-CL	SM4500-CL	NP	06/27/24 09:00	0.0	mg/L
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	NP	07/01/24 11:41	<7.00	mg/L
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	NP	06/27/24 15:51	188	mg/L
Conductivity @ 25C	Cond	SM 2510/B	NP	06/27/24 12:35	680	umhos/cm
E. coli	E. coli	IDEXX Collert	NP	06/27/24 13:38	<1.00	MPN/100 mL
Flow	MGD	Provisional Instantaneous	N	06/27/24 09:00	0.144	MGD





ENVIRONMENTAL  
MONITORING  
LABORATORY, L.L.C

P.O. Box 477  
6145 State Highway 171  
Hillsboro, Texas 76645  
Phone: 254-582-2622

PHYSICAL CHEMISTRY, METALS, MICROBIOLOGY, OPERATIONAL WATER TREATMENT, WASTE WATER, SOIL, AND INVESTIGATIVE

P: Potable water      NP: Non Potable water      N: Not Certified

## QUALITY ASSURANCE &amp; QUALITY CONTROL

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control					Q
				S.D.	CV%	REC.1%	REC.2%	MDL/PQL	
Nitrate as N	E300.0	E 300.0	mg/L					0.400 / 0.400	
Sulfate	E300.0	E 300.0	mg/L					1.00 / 1.80	
Alkalinity, Total (CaCO <sub>3</sub> )	ALK	SM 2320/B	mg/L					1.50 / 5.00	
Chloride	Cl-	SM 4500-Cl-B	mg/L	1.41	0.28	100	102	1.00 / 3.00	
Ammonia Nitrogen	NH <sub>3</sub> N	SM 4500-NH <sub>3</sub> /D	mg/L					0.0300 / 0.100	
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH <sub>3</sub> /D	mg/L	0.25	1.92	102.1	98.6	0.0200 / 0.120	
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	mg/L	0.06	0.85	97.8	99.6	.02 / .05	
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	mg/L	0.42	0.42	99.4	99.6	7.00 / 7.00	
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD) Carbonaceous Biochemical Oxygen Demand(CBOD) Method: SM 5210/B			Dissolved Oxygen Method: SM 4500-O*/G			Total Suspended Solids (TSS, MLSS) Method: 2540/D		
Results	Units	Description	Results	Units	Description	Results	Units	Description
0.14	mg/L	Blank 1 - CBOD	8.88	mg/L	Set Up Calibration	0	mg/L	Blank 1
0.16	mg/L	Blank 2 - CBOD	8.88	mg/L	Read Off Calibration	0.3	mg/L	Blank 2
0.18	mg/L	Blank 3 - CBOD	20	°C	Set Up Temperature	0.1	mg/L	Blank 3
190	mg/L	G/GA Std 1 - CBOD	20	°C	Read Off Temperature	3	%	Relative % Difference
189	mg/L	G/GA Std 2 - CBOD	756	mm Hg	Set Up Barometer	4.34	%	Relative % Difference
188	mg/L	G/GA Std 3 - CBOD	759	mm Hg	Read Off Barometer	1.89	%	Relative % Difference
189	mg/L	G/GA Average - CBOD				1.48	%	Relative % Difference
0.68	mg/L	Seed Corr/mL - CBOD				4.52	%	Relative % Difference
0.67	mg/L	Seed Corr/mL - CBOD				2.65	%	Relative % Difference
0.66	mg/L	Seed Corr/mL - CBOD				2.62	%	Relative % Difference
0.67	mg/L	Seed Corr Average - CBOD						
			Fecal Coliform Method: SM9222 /D MF					
			Results	Units	Description			
				CFU/100ml	Pre Blank			
				CFU/100ml	Post Blank			
			TDS by SM2540/C					
			Results	Units	Description			
			0	mg/L	Blank			
			E. coli By IDEXX Colliert (enumeration)					
				MPN/100 mL				
						Conductivity @ 25° C Method: SM2510/B Standards ran for each analytical batch.		
			Results	Units	Description			
				umhos/cm	Conductivity Standard			
				umhos/cm	Conductivity Standard			
				umhos/cm	Conductivity Standard			

Report Out Date: 07/03/2024



Lisa Soward  
Data Manager

Environmental Monitoring Laboratory ♦ P.O. Box 477 / 6145 State Highway 171, Hillsboro, Texas 76645 ♦ Phone: (254) 582-2622



# Purchase Order / Chain of Custody

TOEQ Lab ID: T104704247  
 Penitentiary Division  
 13260 South US Hwy 281, Amarillo, Texas 79118  
 Office: 806-335-9393 Emergency: 806-786-0612

East Texas Division  
 14296 S.H. 155 North Vinona, Texas 75792  
 Office: 903-877-9222 Emergency: 817-357-6535

Coastal Division  
 34 East Ave., Seabrook, Texas 78956  
 Office: 979-143-7010 Emergency: 254-221-5201

Report To: City of Honey Grove  
 Company: Patterson Professional Services  
 9963 US Highway 377 South  
 Collinsville, TX 76233

Report To: (Buyer)  
 Purchase Order #:  
 Address:  
 Phone: 903-429-3008 Fax:  
 Project Name: City Of Honey Grove City, State: TX  
 Project Location: WWTTP  
 Date Due: Rush: 0% 25% 50% 100% Sampler: (Please Print) Miguel Colorado  
 Lab#: 2400274 Client Sample ID: 1. Renewal Analysis  
 Matrix: WW Date: 6/27/24 Time: 9:00 am  
 Matrix: WW Date: 6/27/24 Time: 9:00 am  
 Matrix: WW Date: 6/27/24 Time: 9:00 am  
 Matrix: WW Date: 6/27/24 Time: 9:00 am  
 Matrix: WW Date: 6/27/24 Time: 9:00 am  
 Matrix: WW Date: 6/27/24 Time: 9:00 am

ANALYSES REQUESTED		COOLING / BOD	TSS, TDS	pH	DO	NH3N (pH < 2.0, H2SO4) SMA500-NH3 D or G unless specified	FECAL COLIFORM / E.COLL (Sterile)	MLSS	ALKALINITY, CHLORIDE, CONDUCT	OIL & GREASE	NITRATE, SULFATE
1	1	X	X	X	X	X	X				
2	1					X					
3	6						X				
4	1								X		
5	2								X		
6	1									X	
7											
8											
9											
10											

CL2  
 0.0 mg/L  
 Flow -  
 0.144 mg/d

Relinquished By:	Date	Time	Received By:	Date	Time
1. [Signature]	6/27/24	9:40 am	1. [Signature]	6/27/24	9:40 am
2. [Signature]	6/27/24	12:30 PM	2. [Signature]	6/27/24	1230
3.			3.		
4.			4.		

Sample Remarks: Flow - 0.144 mg/d

COOLER ID: [Blank]  
 Lot: [Blank] NO [Blank]  
 Temperature: 2.0°C

1. [Blank]  
 2. [Blank]  
 3. [Blank]

1. [Blank]  
 2. [Blank]  
 3. [Blank]  
 4. [Blank]  
 5. [Blank]  
 6. [Blank]

Complete sample information is vital for proper login and reporting. EML may need to subcontract some analyses due to equipment or procedural limitations.  
 Check us out on the web: <http://www.yourwaterlab.com> Email us at: [homeoffice@yourwaterlab.com](mailto:homeoffice@yourwaterlab.com) Revised 06/2024

## Candice Calhoun

---

**From:** Sigi West <swest@ksaeng.com>  
**Sent:** Tuesday, July 16, 2024 4:46 PM  
**To:** Candice Calhoun  
**Subject:** RE: Application to Renew Permit No. WQ0010710003 - City of Honey Grove

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

Ms. Candice,  
I have read the portion of the NORI notice included in the NOD and found no errors or omissions.

**Siglinda "Sigi" West** | Regulatory Compliance Specialist  
KSA | [www.ksaeng.com](http://www.ksaeng.com)  
Main: 877.572.3647 ext 1314 | Cell: 903.520.9960  
[swest@ksaeng.com](mailto:swest@ksaeng.com)

---

**From:** Candice Calhoun <Candice.Calhoun@tceq.texas.gov>  
**Sent:** Tuesday, July 16, 2024 4:33 PM  
**To:** Sigi West <swest@ksaeng.com>  
**Subject:** RE: Application to Renew Permit No. WQ0010710003 - City of Honey Grove

**Caution:** This email originated outside of your organization. Please take care when clicking links or opening attachments. When in doubt, contact the sender via phone to confirm.

Good afternoon, Ms. West,

You can just trace the highlight on the computer, to make it easier, so you do not have to re-do the map, and that would be acceptable!

Please let me know if you have any additional questions.

Regards,



**Candice Calhoun**  
Texas Commission on Environmental  
Quality  
Water Quality Division  
512-239-4312  
[candice.calhoun@tceq.texas.gov](mailto:candice.calhoun@tceq.texas.gov)

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

---

**From:** Sigi West <[swest@ksaeng.com](mailto:swest@ksaeng.com)>  
**Sent:** Tuesday, July 16, 2024 4:28 PM  
**To:** Candice Calhoun <[Candice.Calhoun@tceq.texas.gov](mailto:Candice.Calhoun@tceq.texas.gov)>  
**Subject:** RE: Application to Renew Permit No. WQ0010710003 - City of Honey Grove

Ms. Candice,

I can re-do the map without the picture layer so the highlight can be seen. The maps both 8x11 and the fill size were highlighted but the yellow highlight blends in with that picture layer.

I can also trace that highlight on the computer so it can be seen if that would be acceptable. Whichever you want or prefer I will take care of.

**Siglinda "Sigi" West** | Regulatory Compliance Specialist  
KSA | [www.ksaeng.com](http://www.ksaeng.com)  
Main: 877.572.3647 ext 1314 | Cell: 903.520.9960  
[swest@ksaeng.com](mailto:swest@ksaeng.com)

---

**From:** Candice Calhoun <[Candice.Calhoun@tceq.texas.gov](mailto:Candice.Calhoun@tceq.texas.gov)>  
**Sent:** Tuesday, July 16, 2024 2:34 PM  
**To:** [utility@cityofhoneygrove.org](mailto:utility@cityofhoneygrove.org)  
**Cc:** Sigi West <[swest@ksaeng.com](mailto:swest@ksaeng.com)>  
**Subject:** Application to Renew Permit No. WQ0010710003 - City of Honey Grove  
**Importance:** High

**Caution:** This email originated outside of your organization. Please take care when clicking links or opening attachments. When in doubt, contact the sender via phone to confirm.

Good afternoon, Mr. Massey,

The attached Notice of Deficiency (NOD) letter dated **July 16, 2024**, requests additional information needed to declare the application administratively complete. Please send complete response by **July 30, 2024**.

Please let me know if you have any questions.

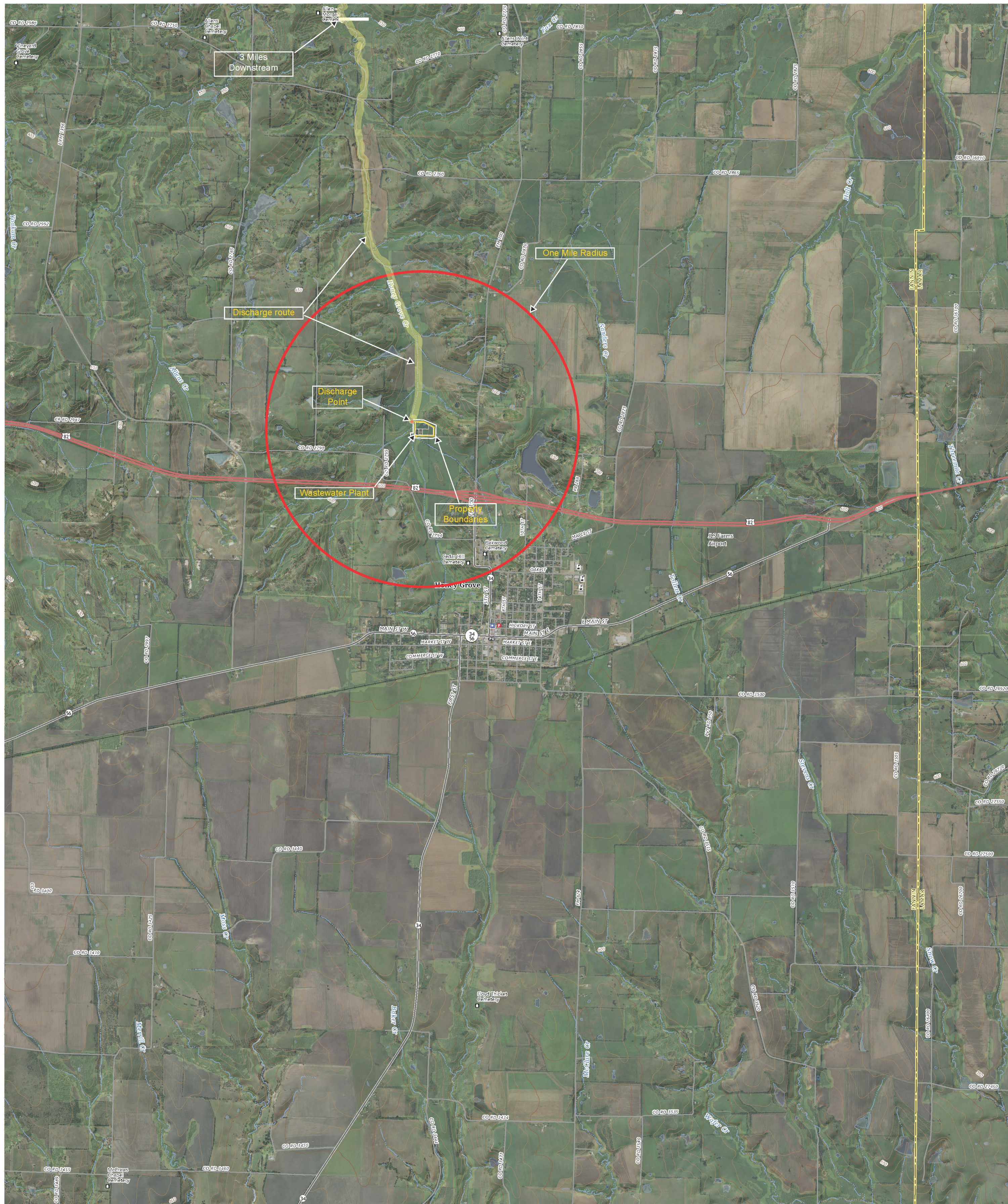
Regards,



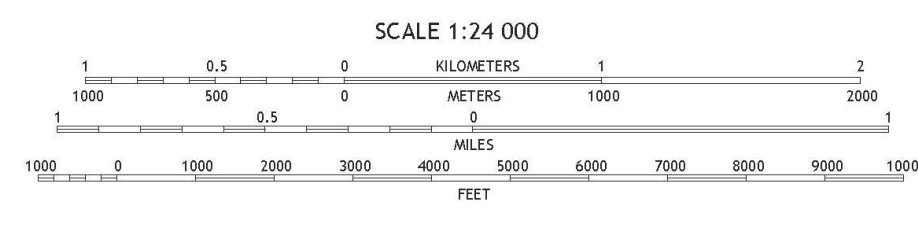
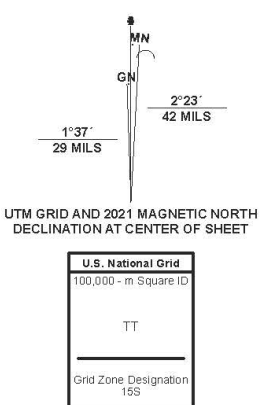
**Candice Calhoun**  
Texas Commission on Environmental  
Quality  
Water Quality Division  
512-239-4312  
[candice.calhoun@tceq.texas.gov](mailto:candice.calhoun@tceq.texas.gov)

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





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7.5-MINUTE TOPO, TX  
2024

SEAL:  
LIBRE Firm Registration No. F-1356  
SHEET NO.  
**ATTACHMENT**  
4



6781 Oak Hill Blvd, Tyler, Texas 75703  
T.903-581.8141 F.888.224.9418  
www.ksaeng.com

DRAWN BY:  
DESIGNED BY:  
LATEST REVISION:  
Swest  
KSA JOB NO.:  
102727

**CITY OF HONEY GROVE**  
**WWTP Discharge Permit**  
**Renewal**  
TPDES WQ0010710003/ TX0117951

**ATTACHMENT NO. 4**  
**USGS TOPO MAP**  
**Page 10, Section 13**  
**Administrative Report**

MARK	REVISION	DATE

PROJECT NAME: SHEET NAME: