



Administrative Package Cover Page

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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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

DOMESTIC WASTEWATER/STORMWATER

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

The City of Kenedy (CN600528459) operates the City of Kenedy Wastewater Treatment Facility (RN102097839), a municipal wastewater treatment plant with a maximum output of 1.5 MGD. Domestic wastewater is treated by an activated sludge process and the treatment units include a bar screen, an aeration basin, final clarifiers, a belt filter press, chlorine contact chambers and a dechlorination chamber. The facility is located at One Mourning Street, in Kenedy, Karnes County, Texas 78119. The City of Kenedy is renewing its permit to operate the existing wastewater treatment facility.

Discharges from the facility are expected to contain E. coli and solids. Process wastewater will be treated by natural biological processes and chlorine to prevent contamination of Escondido creek.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010746001

APPLICATION. City of Kenedy, 303 West Main Street, Kenedy, Texas 78119, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010746001 (EPA I.D. No. TX0027774) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 2,000,000 gallons per day. The domestic wastewater treatment facility will be located approximately 0.5 Miles East of Highway 72 and Farm-to-Market 792 Access Through One Morning Lane, in the city of Kenedy, in Karnes County, Texas 78119. The discharge route is from the plant site to abandoned Escondido Creek; thence to Escondido Creek; thence to lower San Antonio River. TCEQ received this application on July 24, 2025. The permit application will be available for viewing and copying at Ruhman C. Franklin Municipal Building, 303 West Main Street, Kenedy, in Karnes 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=-97.842777,28.8225&level=18>

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

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

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

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

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

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

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

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

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

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from City of Kenedy at the address stated above or by calling Mr. Brandon Briones, Mayor, at 830-299-1953.

Issuance Date: August 25, 2025

Brooke T. Paup, *Chairwoman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

July 24, 2025

Re: Confirmation of Submission of the Renewal without changes for Public Domestic Wastewater Authorization.

Dear Applicant:

This is an acknowledgement that you have successfully completed Renewal without changes for the Public Domestic Wastewater authorization.

ER Account Number: ER068379
Application Reference Number: 785419
Authorization Number: WQ0010746001
Site Name: City of Kenedy WWTP
Regulated Entity: RN102097839 - City of Kenedy WWTP
Customer(s): CN600528459 - City of Kenedy

Please be aware that TCEQ staff may contact your designated contact for any additional information.

If you have any questions, you may contact the Applications Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by telephone at (512) 239-4671.

Sincerely,
Applications Review and Processing Team
Water Quality Division

Texas Commission on Environmental Quality
Update Domestic or Industrial Individual Permit
WQ0010746001

Site Information (Regulated Entity)

What is the name of the site to be authorized?	CITY OF KENEDY WWTP
Does the site have a physical address?	No
Because there is no physical address, describe how to locate this site:	0.5 MI E OF HWY 72 AND FM792 ACCESS THROUGH ONE MORNING LANE
City	KENEDY
State	TX
ZIP	78119
County	KARNES
Latitude (N) (##.#####)	28.8225
Longitude (W) (-###.#####)	-97.842777
Primary SIC Code	4952
Secondary SIC Code	
Primary NAICS Code	221320
Secondary NAICS Code	
Regulated Entity Site Information	
What is the Regulated Entity's Number (RN)?	RN102097839
What is the name of the Regulated Entity (RE)?	CITY OF KENEDY WWTP
Does the RE site have a physical address?	No
Physical Address	
Because there is no physical address, describe how to locate this site:	0.5 MI E OF HWY 72 AND FM792 ACCESS THROUGH ONE MORNING LANE
City	KENEDY
State	TX
ZIP	78119
County	KARNES
Latitude (N) (##.#####)	
Longitude (W) (-###.#####)	
Facility NAICS Code	
What is the primary business of this entity?	DOMESTIC

City of-Customer (Applicant) Information (Owner)

How is this applicant associated with this site?	Owner
What is the applicant's Customer Number (CN)?	CN600528459
Type of Customer	Other Government
Full legal name of the applicant:	
Legal Name	City of Kenedy
Texas SOS Filing Number	
Federal Tax ID	746001485
State Franchise Tax ID	
State Sales Tax ID	

Local Tax ID	
DUNS Number	
Number of Employees	
Independently Owned and Operated?	Yes
I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas.	Yes
Responsible Authority Contact	
Organization Name	City of Kenedy
Prefix	THE HONORABLE
First	Brandon
Middle	
Last	Briones
Suffix	
Credentials	
Title	MAYOR
Responsible Authority Mailing Address	
Enter new address or copy one from list:	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	303 W MAIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	KENEDY
State	TX
ZIP	78119
Phone (###-###-####)	8302991953
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	mayor@kenedytx.gov

Billing Contact

Responsible contact for receiving billing statements:	
Select the permittee that is responsible for payment of the annual fee.	
Organization Name	CN600528459, City of Kenedy
Prefix	CITY OF KENEDY
First	THE HONORABLE
Middle	Brandon
Last	
Suffix	Briones
Credentials	
Title	MAYOR
Enter new address or copy one from list:	
Mailing Address	
Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	303 W MAIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	KENEDY
State	TX
ZIP	78119

Phone (###-###-####)	8302991953
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	citysecretary@kenedytx.gov

Application Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	CITY OF KENEDY
Prefix	MS
First	Maggie
Middle	
Last	Gonzalez
Suffix	
Credentials	
Title	CITY SECRETARY

Enter new address or copy one from list:

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	303 W MAIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	KENEDY
State	TX
ZIP	78119
Phone (###-###-####)	8302991953
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	8305832063
E-mail	citysecretary@kenedytx.gov

Technical Contact

Person TCEQ should contact for questions about this application:

Same as another contact?

Organization Name	Doucet & Associates Inc
Prefix	MR
First	Rob
Middle	
Last	Clark
Suffix	
Credentials	PE
Title	Senior Program Manager

Enter new address or copy one from list:

Mailing Address

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	927 E SONTERRA BLVD STE 107
Routing (such as Mail Code, Dept., or Attn:)	

City	SAN ANTONIO
State	TX
ZIP	78258
Phone (###-###-####)	2103628204
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	
E-mail	roclark@kleinfelder.com

DMR Contact

Person responsible for submitting Discharge Monitoring Report Forms:

Same as another contact?	Application Contact
Organization Name	CITY OF KENEDY
Prefix	MS
First	Maggie
Middle	
Last	Gonzalez
Suffix	
Credentials	
Title	CITY SECRETARY

Enter new address or copy one from list:

Mailing Address:

Address Type	Domestic
Mailing Address (include Suite or Bldg. here, if applicable)	303 W MAIN ST
Routing (such as Mail Code, Dept., or Attn:)	
City	KENEDY
State	TX
ZIP	78119
Phone (###-###-####)	8302991953
Extension	
Alternate Phone (###-###-####)	
Fax (###-###-####)	8305832063
E-mail	citysecretary@kenedytx.gov

Section 1# Permit Contact

Permit Contact#: 1

Person TCEQ should contact throughout the permit term.

1) Same as another contact?	CN600528459, City of Kenedy
2) Organization Name	City of Kenedy
3) Prefix	THE HONORABLE
4) First	Brandon
5) Middle	
6) Last	Briones
7) Suffix	
8) Credentials	
9) Title	MAYOR

Mailing Address

10) Enter new address or copy one from list	
11) Address Type	Domestic
11.1) Mailing Address (include Suite or Bldg. here, if applicable)	303 W MAIN ST
11.2) Routing (such as Mail Code, Dept., or Attn:)	
11.3) City	KENEDY
11.4) State	TX
11.5) ZIP	78119
12) Phone (###-###-####)	8302991953
13) Extension	
14) Alternate Phone (###-###-####)	
15) Fax (###-###-####)	
16) E-mail	mayor@kenedytx.gov

Owner Information

Owner of Treatment Facility

1) Prefix	
2) First and Last Name	City of Kenedy
3) Organization Name	
4) Mailing Address	303 W Main Street
5) City	Kenedy
6) State	TX
7) Zip Code	78119
8) Phone (###-###-####)	8302991953
9) Extension	
10) Email	mayor@kenedytx.gov
11) What is ownership of the treatment facility?	Public

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

12) Prefix	
13) First and Last Name	The City of Kenedy
14) Organization Name	City of Kenedy
15) Mailing Address	303 W Main Street
16) City	Kenedy
17) State	TX
18) Zip Code	78119
19) Phone (###-###-####)	8302991953
20) Extension	
21) Email	mayor@kenedytx.gov
22) Is the landowner the same person as the facility owner or co-applicant?	Yes

General Information Renewal-Amendment

1) Current authorization expiration date:	07/30/2025
2) Current Facility operational status:	Active
3) Is the facility located on or does the treated effluent cross American Indian Land?	No
4) What is the application type that you are seeking?	Renewal without changes

5) Current Authorization type:	Public Domestic Wastewater
5.1) What is the proposed total flow in MGD discharged at the facility?	1.5
5.2) Select the applicable fee	>= 1.0 MGD - Renewal - \$2,015
6) What is the classification for your authorization?	TPDES
6.1) What is the EPA Identification Number?	TX0027774
6.2) Is the wastewater treatment facility location in the existing permit accurate?	Yes
6.3) Are the point(s) of discharge and the discharge route(s) in the existing permit correct?	Yes
6.4) City nearest the outfall(s):	Kenedy
6.5) County where the outfalls are located:	KARNES
6.6) Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?	No
6.7) Is the daily average discharge at your facility of 5 MGD or more?	No
7) Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?	No

Public Notice Information

Individual Publishing the Notices

1) Prefix	
2) First and Last Name	Brandon Briones
3) Credential	
4) Title	Mayor
5) Organization Name	City of Kenedy
6) Mailing Address	303 W MAIN ST
7) Address Line 2	
8) City	KENEDY
9) State	TX
10) Zip Code	78119
11) Phone (###-###-####)	8302991953
12) Extension	
13) Fax (###-###-####)	
14) Email	mayor@kenedytx.gov

Contact person to be listed in the Notices

15) Prefix	
16) First and Last Name	Brandon Briones
17) Credential	
18) Title	Mayor
19) Organization Name	
20) Phone (###-###-####)	8302991953
21) Fax (###-###-####)	
22) Email	mayor@kenedytx.gov

Bilingual Notice Requirements

23) Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?	No
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Section 1# Public Viewing Information

County#: 1

1) County	KARNES
2) Public building name	Ruhman C.Franklin Municipal Building
3) Location within the building	
4) Physical Address of Building	303 W Main St, Kenedy, TX 78119
5) City	Kenedy
6) Contact Name	
7) Phone (###-###-####)	8305832230
8) Extension	
9) Is the location open to the public?	Yes

Plain Language

1) Plain Language	
[File Properties]	
File Name	LANG_20972_PLS_2024-11-08.docx
Hash	D9AB03BC14C67729196FA6A69C6E8CBCEEDE097BEBE8FDA41FDE105A54364154
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document

Supplemental Permit Information Form

1) Supplemental Permit Information Form (SPIF)	
[File Properties]	
File Name	SPIF_20971.docx
Hash	A29E6BD96BB1CCEE02F1263F3D60AD1408D37F21634B21421FFBB318BEB7FB99
MIME-Type	application/vnd.openxmlformats-officedocument.wordprocessingml.document
[File Properties]	
File Name	SPIF_USGS map.pdf
Hash	5578405D35F501945E5EC9A089BDCD780668482B6AE68C8BC4FC885E1DC72474
MIME-Type	application/pdf
[File Properties]	
File Name	SPIF_25004558-CD-CLS-LOCATION MAP.pdf
Hash	E2877C2E497A9BF57BC55D08D1733D39B42D0FC55F1D58B164A4CDD81D30D228
MIME-Type	application/pdf
[File Properties]	
File Name	SPIF_Images.pdf
Hash	C5C0B97748E89DF5FB7722AE360A1950FF70E07D37B615638E8B6696C726D6EF
MIME-Type	application/pdf

Domestic Attachments

1) Attach an 8.5"x11", reproduced portion of the most current and original USGS Topographic Quadrangle Map(s) that meets the 1:24,000 scale.

[File Properties]

File Name MAP_USGS map.pdf
Hash 5578405D35F501945E5EC9A089BDCD780668482B6AE68C8BC4FC885E1DC72474
MIME-Type application/pdf

2) I confirm that all required sections of Technical Report 1.0 are complete and will be included in the Technical Attachment. Yes

2.1) I confirm that Worksheet 2.0 (Receiving Waters) is complete and included in the Technical Attachment. Yes

2.2) Are you planning to include Worksheet 2.1 (Stream Physical Characteristics) in the Technical Attachment? No

2.3) Are you planning to include Worksheet 4.0 (Pollutant Analyses Requirements) in the Technical Attachment? Yes

2.4) Are you planning to include Worksheet 5.0 (Toxicity Testing Requirements) in the Technical Attachment? Yes

2.5) I confirm that Worksheet 6.0 (Industrial Waste Contribution) is complete and included in the Technical Attachment. Yes

2.6) Are you planning to include Worksheet 7.0 (Class V Injection Well Inventory/Authorization Form) in the Technical Attachment? No

2.7) Technical Attachment

[File Properties]

File Name TECH_10054_MUNI_2024 submittal.docx
Hash F6F4A422F65FCACC36AE60755CEC4AF94AAC4D3F4FACDD5A6E1484434BE07DE
MIME-Type application/vnd.openxmlformats-officedocument.wordprocessingml.document

3) Buffer Zone Map

[File Properties]

File Name BUFF_ZM_Buffer Zone Map.pdf
Hash E18EEB52CBF2BECD764E04741E2697209C8176B08B0018C18090872090442DB8
MIME-Type application/pdf

4) Flow Diagram

[File Properties]

File Name FLDIA_25004558-CD-CLS-PROCESS FLOW DIAGRAM.pdf
Hash 5652DB8C8E99C7ABA286BD07FE06D58B0A787304D0701926B730567F0A3EC36C
MIME-Type application/pdf

5) Site Drawing

[File Properties]

File Name SITEDR_25004558.001A City of Kennedy-WWTP Permit Renewal BASE-83S-REV.pdf
Hash 06521CCF037DFCBC05B13F55A16F53CAD55EFCB4E02B95A5109B7799A1486811
MIME-Type application/pdf

6) Design Calculations

[File Properties]

File Name DES_CAL_No design changes .docx
Hash 19F21E89F659C4AE8394233F88BCA8CA652216828A81A2AA1974568231F60FA0
MIME-Type application/vnd.openxmlformats-officedocument.wordprocessingml.document

7) Solids Management Plan

8) Water Balance

9) Other Attachments

[File Properties]

File Name	OTHER_Core Data Form Completed.pdf
Hash	FBAD9F477694DFB7C74C73BD86FEFFB05989109E6B657BEB9BEE270155BA10DE
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Soil Analysis (2).pdf
Hash	2E14C9695572ECDDEB5A320840BD727DBB7A821C35AD52FD46870A6DF4B5A8EC
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Effluent Monitoring Data.pdf
Hash	6BC2083A593DA5D8A295AC96D59B95150B3C24069FC1E29144E465730FA3DB53
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Soil Analysis.pdf
Hash	CFBEF8DEC3481F536FEDCE33F1BC9671EF068AFC05D8E012E9B297A640259285
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Address_chart.xlsx
Hash	3F326AD6333C30E4994326052829D2E3E232859BBEF9CF2026D6BBD45731CA5C
MIME-Type	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

[File Properties]

File Name	OTHER_Photo exhibit.pdf
Hash	16355627063CC3BE7EBA2042DB6D2AAAD614249461CCD788ABA7B8905E88581F
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Affected Landowner Information.pdf
Hash	2368C3439FD4639D85CCDB5AA03C704DB3597CB5FB034F78A245CD62EBDA8F36
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Site 8.5x11.pdf
Hash	79F93D2C44C03C4C028BC9D8F2398FC351243119B5548F479AB79DDCAA0CB5B8
MIME-Type	application/pdf

[File Properties]

File Name	OTHER_Lab accreditation.pdf
Hash	F34E788C03D19189D3A4BB4BEA127ABF9BC6FA8D945A04FD9A48D28026D92D75
MIME-Type	application/pdf

Certification

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

1. I am Rudolfo Cortez, the owner of the STEERS account ER068379.
2. I have the authority to sign this data on behalf of the applicant named above.
3. I have personally examined the foregoing and am familiar with its content and the content of any attachments, and based upon my personal knowledge and/or inquiry of any individual responsible for information contained herein, that this information is true, accurate, and complete.
4. I further certify that I have not violated any term in my TCEQ STEERS participation agreement and that I have no reason to believe that the confidentiality or use of my password has been compromised at any time.
5. I understand that use of my password constitutes an electronic signature legally equivalent to my written signature.
6. I also understand that the attestations of fact contained herein pertain to the implementation, oversight and enforcement of a state and/or federal environmental program and must be true and complete to the best of my knowledge.
7. I am aware that criminal penalties may be imposed for statements or omissions that I know or have reason to believe are untrue or misleading.
8. I am knowingly and intentionally signing Update Domestic or Industrial Individual Permit WQ0010746001.
9. My signature indicates that I am in agreement with the information on this form, and authorize its submittal to the TCEQ.

OWNER Signature: Rudolfo Cortez OWNER

Customer Number:	CN600528459
Legal Name:	City of Kenedy
Account Number:	ER068379
Signature IP Address:	70.129.26.158
Signature Date:	2025-07-24
Signature Hash:	B00B978CB7E1FC3CD9302DED77B8AF09731EB23333337A87239B728E1DAC830
Form Hash Code at time of Signature:	1CF2FBA5897C96CB2DB5965C24DA6D13E3E86EF872ECE796D39067B212852DA3

Fee Payment

Transaction by:	The application fee payment transaction was made by ER068379/Rudolfo Cortez
Paid by:	The application fee was paid by MELISSA GONZALEZ
Fee Amount:	\$2000.00
Paid Date:	The application fee was paid on 2025-07-24
Transaction/Voucher number:	The transaction number is 582EA000677747 and the voucher number is 776266

Submission

Reference Number:	The application reference number is 785419
Submitted by:	The application was submitted by ER068379/Rudolfo Cortez
Submitted Timestamp:	The application was submitted on 2025-07-24 at 09:44:21 CDT
Submitted From:	The application was submitted from IP address 70.129.26.158
Confirmation Number:	The confirmation number is 666788
Steers Version:	The STEERS version is 6.92
Permit Number:	The permit number is WQ0010746001

Additional Information

Application Creator: This account was created by Ricardo Reyes



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
☐ New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
☒ Renewal (Core Data Form should be submitted with the renewal form)		☐ Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600528459		RN 102097839

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)					
☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership							
☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)							
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>				
City of Kenedy							
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits) 17460013859	9. Federal Tax ID (9 digits) 746001385	10. DUNS Number (if applicable)				
11. Type of Customer:	☐ Corporation	☐ Individual	Partnership: ☐ General ☐ Limited				
Government: ☒ City ☐ County ☐ Federal ☐ Local ☐ State ☐ Other		☐ Sole Proprietorship	☐ Other:				
12. Number of Employees ☐ 0-20 ☒ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher		13. Independently Owned and Operated? ☒ Yes ☐ No					
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following							
☒ Owner ☐ Operator ☐ Owner & Operator ☐ Other:							
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant							
15. Mailing Address:	303 W Main St						
	City	Kenedy	State	TX	ZIP	78119	ZIP + 4
16. Country Mailing Information (if outside USA)			17. E-Mail Address (if applicable)				
USA			citymanager@kenedytx.gov				

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

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

SECTION IV: Preparer Information

40. Name:	Isael Martinez	41. Title:	Public Works Director
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(830) 299-5193		(830) 583-2063	pwdirector@kenedytx.gov

SECTION V: Authorized Signature

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

Company:	City of Kenedy	Job Title:	City Manager
Name (In Print):	Melissa Gonzalez	Phone:	(830) 400- 9327
Signature:		Date:	7/8/25



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

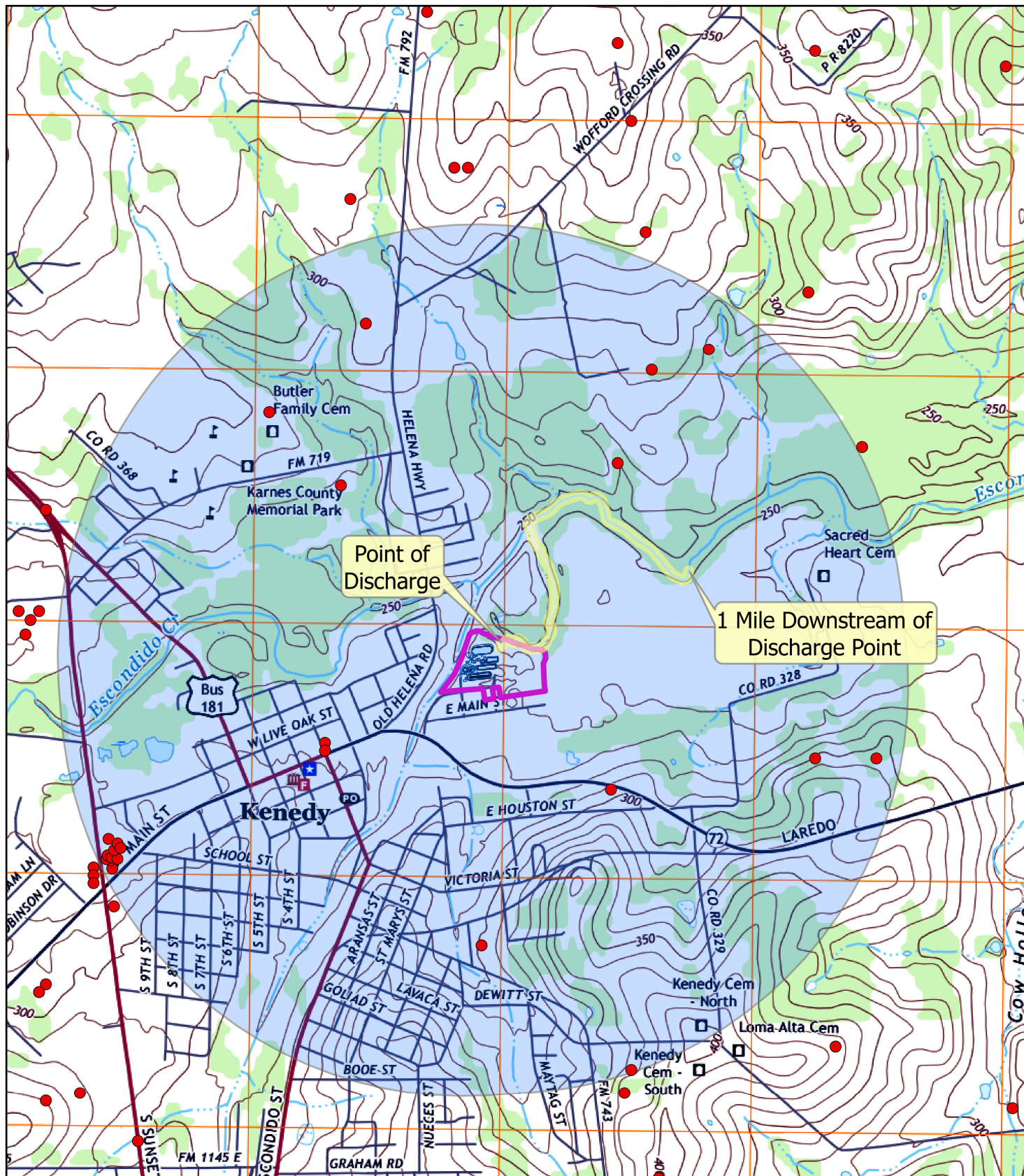
SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

DOMESTIC WASTEWATER/STORMWATER

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

The City of Kenedy (CN600528459) operates the City of Kenedy Wastewater Treatment Facility (RN102097839), a municipal wastewater treatment plant with a maximum output of 1.5 MGD. Domestic wastewater is treated by an activated sludge process and the treatment units include a bar screen, an aeration basin, final clarifiers, a belt filter press, chlorine contact chambers and a dechlorination chamber. The facility is located at One Mourning Street, in Kenedy, Karnes County, Texas 78119. The City of Kenedy is renewing its permit to operate the existing wastewater treatment facility.

Discharges from the facility are expected to contain E. coli and solids. Process wastewater will be treated by natural biological processes and chlorine to prevent contamination of Escondido creek.



Scale: 1:24,000



0 500 1,000 2,000 Feet



1	2	3
4	5	6
7	8	9

ADJACENT QUADRANGLES

ROAD CLASSIFICATION	
Expressway	Local Connector
Secondary Hwy	Local Road
Route	US Route
Interstate Route	State Route

KENEDY, TX
2022

LEGEND

- TWDB | Submitted Drillers Report Well Location
- Existing Treatment Units
- 1 Mile Downstream of Discharge Point
- 1 Mile Radius
- Property Boundary | Treatment Facility Boundary

DIAZ FRANK (EST) (LINDA)
201 LEE ST
1 KENEDY, TX 78119
RODRIGUEZ EVINIA (PADRON)
306 W LIVEOAK
3 KENEDY, TX 78119
TYRONE WILLIE LIFE INT
505 E MAIN
4 KENEDY, TX 78119
TYRONE-WILLIAMS LINDA J
428 E MAIN ST
6 KENEDY, TX 78119
MUNOZ RUBY
512 E MAIN
8 KENEDY, TX 78119
SANTELLANA AND SONS LLC
513 MILAM ST
11 BEEVILLE, TX 78102
SCHULZ WEBRE INC
P O BOX 428
13 KYLE, TX 78640
KENEDY ISD
401 HWY 719
16 KENEDY, TX 78119
MARTINEZ DIANA & RICO LUPE
132 BLUEBONNET DR
18 KENEDY, TX 78119
KARNES COUNTY TRUSTEE
200 E CALVERT AVE STE 3
19 KARNES CITY, TX 78118
BERGARA MARIA A
310 17TH STREET NORTH
23 TEXAS CITY, TX 77590
MEJIA KRISTY
103 SUMMERTIME DR
30 SAN ANTONIO, TX 78216
MEJIA NATALIA
619 E MAIN
34 KENEDY, TX 78119
BERGARA JOSE
4530 N RAILROAD AVE
37 HITCHCOCK, TX 77563

GONZALES ANGELITA M
20115 YOSEMITE FALLS DR
38 TOMBALL, TX 77375
BARRIENTEZ GLORIA
631 E MAIN
41 KENEDY, TX 78119
GONZALES ANGELITA M
20115 YOSEMITE FALLS DR
42 TOMBALL, TX 77375
KARNES COUNTY
KARNES COUNTY COURTHOUSE
44 KARNES CITY, TX 78118

HERNANDEZ NATALIE M & DARRELL W
203 MOURNING ST
48 KENEDY, TX 78119
HINOJOSA SANTIAGO JR (EST)
637 E MAIN
51 KENEDY, TX 78119
CASAREZ RUDOLFO JR
405 W MAIN ST
53 KENEDY, TX 78119
HINOJOSA EVA
639 E MAIN ST
57 KENEDY, TX 78119
HINOJOSA JOEY & TIFFANY
641 E MAIN
64 KENEDY, TX 78119
FITZGERALD INVESTMENTS
512 LAVACA ST
65 CUERO, TX 77954
SCHENDEL PATRICIA
PO BOX 68
71 GILLET, TX 78116
LOPEZ BONEFASIA S
3802 DOLPHIN LN
86 LA PORTE, TX 77571
ALVARADO GERALDO (EST)
330 HELENA RD
134 KENEDY, TX 78119
ALVARADO GERALDO (EST)
330 HELENA RD
136 KENEDY, TX 78119

HERNANDEZ PORFIRIO
1411 DRIFTWOOD RIDGE
138 SPRING BRANCH, TX 78070
CHURCH KENEDY
UNIFIED PENTECOSTAL
139 KENEDY, TX 78119
CRUCES MOISES JR
425 E DAILEY ST
145 KENEDY, TX 78119
VILLARREAL JACINTO III
PO BOX 344
149 KENEDY, TX 78119
KENEDY ISD
401 HWY 719
151 KENEDY, TX 78119
ZEPEDA CRISTINA P
511 SMITH LOT 2
152 PASADENA, TX 77504
DELOSSANTOS MANUEL & SYLVIA
P O BOX 566
154 KENEDY, TX 78119
PEREZ GELACIO MARIN LIFE INT
510 HELENA HWY
155 KENEDY, TX 78119
RODRIGUEZ PABLO
515 HELENA RD
157 KENEDY, TX 78119
GARCIA RODOLFO B
309 WALLACE ST
158 KENEDY, TX 78119
GONZALES TELESFORO C
516 HELENA HWY
159 KENEDY, TX 78119
GARCIA RODOLFO B
309 WALLACE ST
160 KENEDY, TX 78119
LONGORIA IRMA D
7306 CHIMNEY BLUFF
161 SAN ANTONIO, TX 78250
ZAMBRANO TEODORA
PO BOX 1562
162 EDCOUCH, TX 78538

AMERICAN G I FORUM
308 N 4TH
164 KENEDY, TX 78119
AMERICAN G I FORUM
308 N 4TH
165 KENEDY, TX 78119
RAMON CHARLES
2301 SAN FERNANDO ST
168 SAN ANTONIO, TX 78207
HUERTA OFELIA (EST)&
208 LEE ST
171 KENEDY, TX 78119
DAVILA E G & EDUVIGEN LIFE INT
208 LEE ST
172 KENEDY, TX 78119
DIAZ JUAN B
PO BOX 185
173 KENEDY, TX 78119
MARTINEZ MARTIN
515 RIDGECREST
174 PORT LAVACA, TX 77979
FARIAS ESMILDO ETAL
P O BOX 593
175 KENEDY, TX 78119
LOPEZ VALENTIN G
142 ROBINHOOD
177 KENEDY, TX 78119
DIAZ FRANK (EST) & LINDA
201 LEE ST
179 KENEDY, TX 78119
DIAZ AMBROSIO
515 RIDGECREST
181 PORT LAVACA, TX 78119
VASQUEZ MARIA
219 LEE ST
184 KENEDY, TX 78119
RIVAS JOSE SOCORRO
225 LEE ST
185 KENEDY, TX 78119
MEDRANO ELISA
2613 EAST CORNELL ST
186 LUBBOCK, TX 79403

HINOJOSA RAMON L III LIFE INT
125 LEE ST
188 KENEDY, TX 78119
ROMERO JAVIER & CYNTHIA
706 HELENA RD
189 KENEDY, TX 78119
REYES CARLOS P & IRMA J
P O BOX 64
190 KENEDY, TX 78119
DIAZ SAMUEL
1240 SAN ANGELO ST
191 SAN ANTONIO, TX 78201
REYES IRMA J & CARLOS P
P O BOX 64
193 KENEDY, TX 78119
LAKE CARROL W & JAN
P O BOX 1863
194 KENEDY, TX 78119
REYES CARLOS P & IRMA J
P O BOX 64
195 KENEDY, TX 78119
RIOJAS ROBERT JR
P O BOX 524
196 KENEDY, TX 78119
MONSIVAIS DIANA (EST)
213 LOUISE ST
197 KENEDY, TX 78119
CEMETERY KENEDY
JOE B ADKINS PRES
198 KENEDY, TX 78119
CEMETERY KENEDY
SACRED HEART CEMETERY #1
199 KENEDY, TX 78119
DAVILA MICHAEL LEE
17430 COLONY CREEK DR
201 SPRING, TX 77379
BACKE CAROLE
804 HELENA RD
202 KENEDY, TX 78119
FUENTES JUANITA FLORES
204 LOUISE ST
203 KENEDY, TX 78119

PEDRAZA DORA
207 LOUISE
204 KENEDY, TX 78119
DIAZ SAMUEL B & MARIA
1240 SAN ANGELO ST
205 SAN ANTONIO, TX 78201
MONSIVAIS DIANA C (EST)
213 LOUISE ST
206 KENEDY, TX 78119
MONSIVAIS DIANA (EST)
213 LOUISE ST
207 KENEDY, TX 78119
GARCIA MATILDA
222 LOUISE ST
208 KENEDY, TX 78119
MARTINEZ MARIANA (EST)
203 WRIGHT AVE
209 SCHERTZ, TX 78154
SALINAS ROBERTO P & ALICIA M
531 W PETALUMA BLVD
210 SAN ANTONIO, TX 78221
CITY OF KENEDY
303 W MAIN
211 KENEDY, TX
LOPEZ MAGDELENA LIFE INT
102 WOODHAVEN
212 KENEDY, TX 78119
SHARON PETERS REAL ESTATE INC
603 MUSTANG LANE
213 SAN MARCOS, TX 78666
PEREZ TOMAS G
P O BOX 621
214 KENEDY, TX 78119
HINOJOSA ANITA
108 WOODHAVEN
215 KENEDY, TX 78119
KOTZUR JOHNNY J
112 WOODHAVEN
216 KENEDY, TX 78119
PERKINS WARD T (EST)
101 WOODHAVEN DR
217 KENEDY, TX 78119

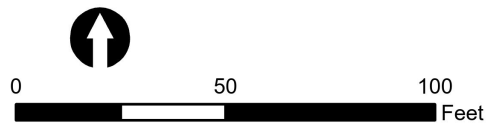
MAYES JUSTIN M
6449 COUNTY RD 211
218 HOBSON, TX 78117
AGUERO ALBERT ERIC
105 WOODHAVEN ST
219 KENEDY, TX 78119
AGUERO ALBERT ERIC
105 WOODHAVEN ST
220 KENEDY, TX 78119
RYAN CHARLTON
109 WOODHAVEN ST
221 KENEDY, TX 78119
RYAN CHARLTON
109 WOODHAVEN ST
222 KENEDY, TX 78119
MORRIS FAMILY VENTURES LTD
23912 HAYNIE FLAT RD
223 SPICEWOOD, TX 78669
SMOLIK JERRY S
1010 E LINDEN ST
225 ROCKPORT, TX 78382

X:\Departments\PIW\WR\Projects\25004558.001A_Kenedy\03_gis\Kennedy_0507.aprx



LEGEND

- photopoint
- Streams
- Contour (5ft)
- Parcel Boundaries
- Property Boundary | Treatment Facility Boundary



**Kenedy WWTP
Photograph Exhibit
Kenedy, Texas**

July 2025
Doucet Project No. 25004558.001A



















TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Kenedy

Permit No. WQ00 10746001EPA ID No. TX 0027774

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

One Mourning Street, Kenedy TX, 78119

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

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

First and Last Name: John R. Clark

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

Title: Director of Public Works & Water Resources

Mailing Address: 927 East Sonterra Boulevard, Suite 107

City, State, Zip Code: San Antonio, Texas 78258

Phone No.: 210-469-4564 Ext.:

Fax No.:

E-mail Address: ROClark@kleinfelder.com

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

City of Kenedy

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.

The effluent discharge point is between Escondido Creek and Nichols Creek, also known as segment number 1901A of the San Antonio 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):

Surface acres impacted 1.19 Ac., max depth of excavation is 4 ft, max depth of fill is 7 ft, site not in recharge zone of Gulf Coast Aquifer (TWDB Gulf Coast Recharge Report)

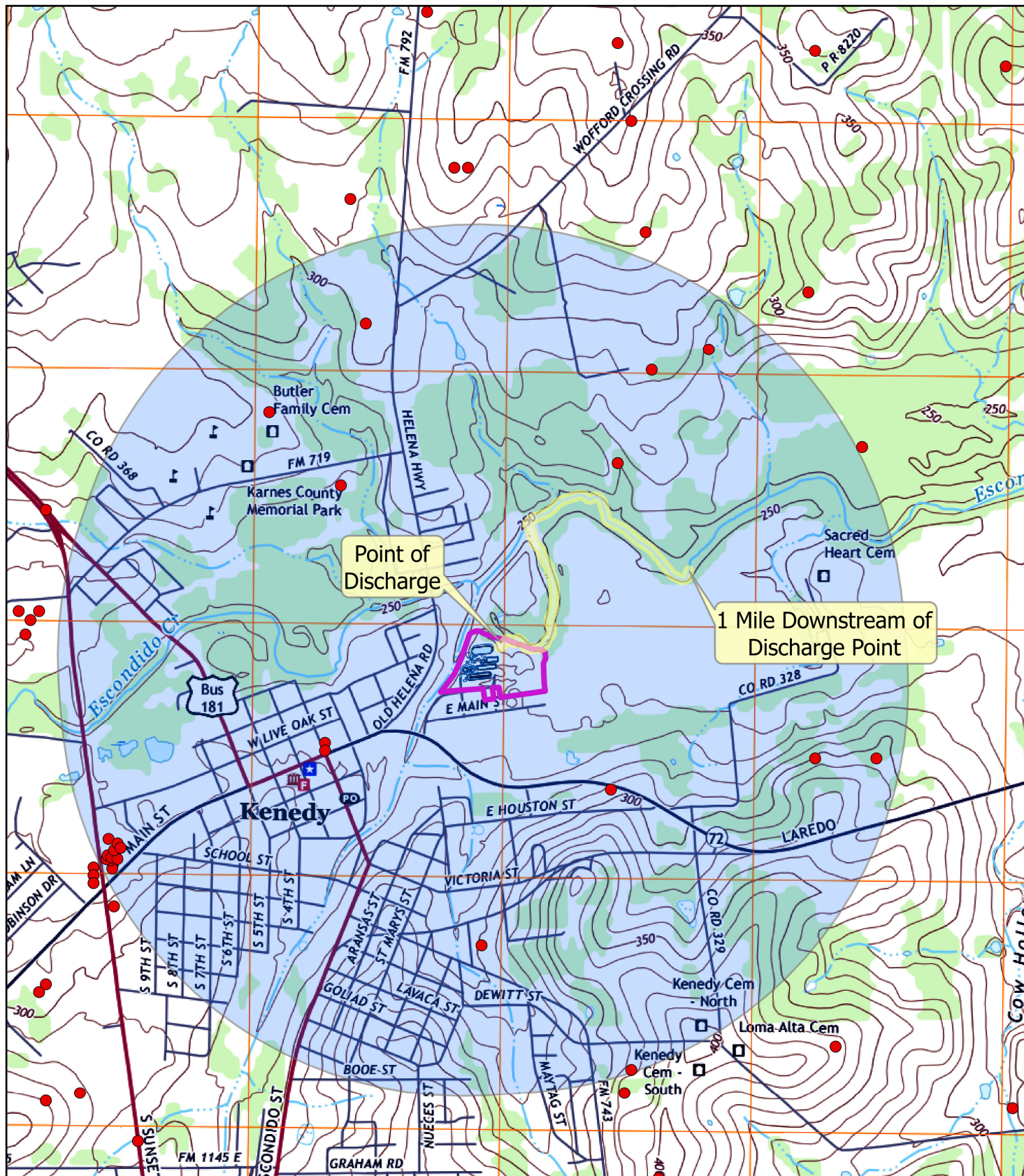
2. Describe existing disturbances, vegetation, and land use:

The site is currently developed with very few trees and scattered patches of grass.

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:

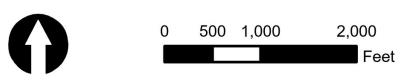
4. Provide a brief history of the property, and name of the architect/builder, if known.



Point of Discharge

1 Mile Downstream of Discharge Point

Scale: 1:24,000

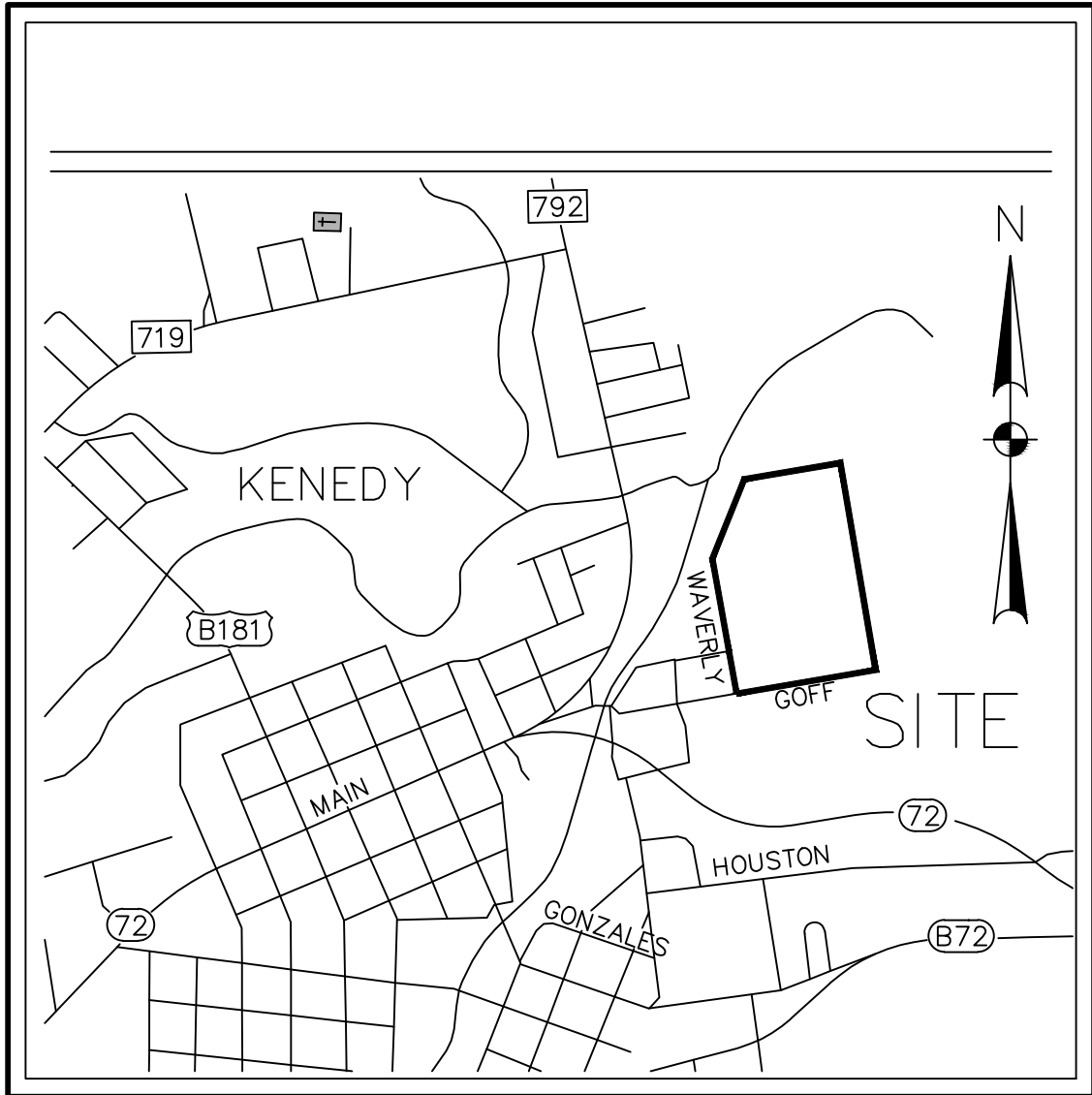


1	2	3
4	5	6
7	8	9

ADJACENT QUADRANGLES

- LEGEND**
- ROAD CLASSIFICATION**
 - Expressway
 - Secondary Hwy
 - Route
 - Interstate Route
 - US Route
 - State Route
 - Local Connector
 - Local Road
 - 4WD
 - TWDB | Submitted Drillers Report Well Location
 - Existing Treatment Units
 - 1 Mile Downstream of Discharge Point
 - 1 Mile Radius
 - Property Boundary | Treatment Facility Boundary

KENEDY, TX
2022



VICINITY MAP

NOT TO SCALE





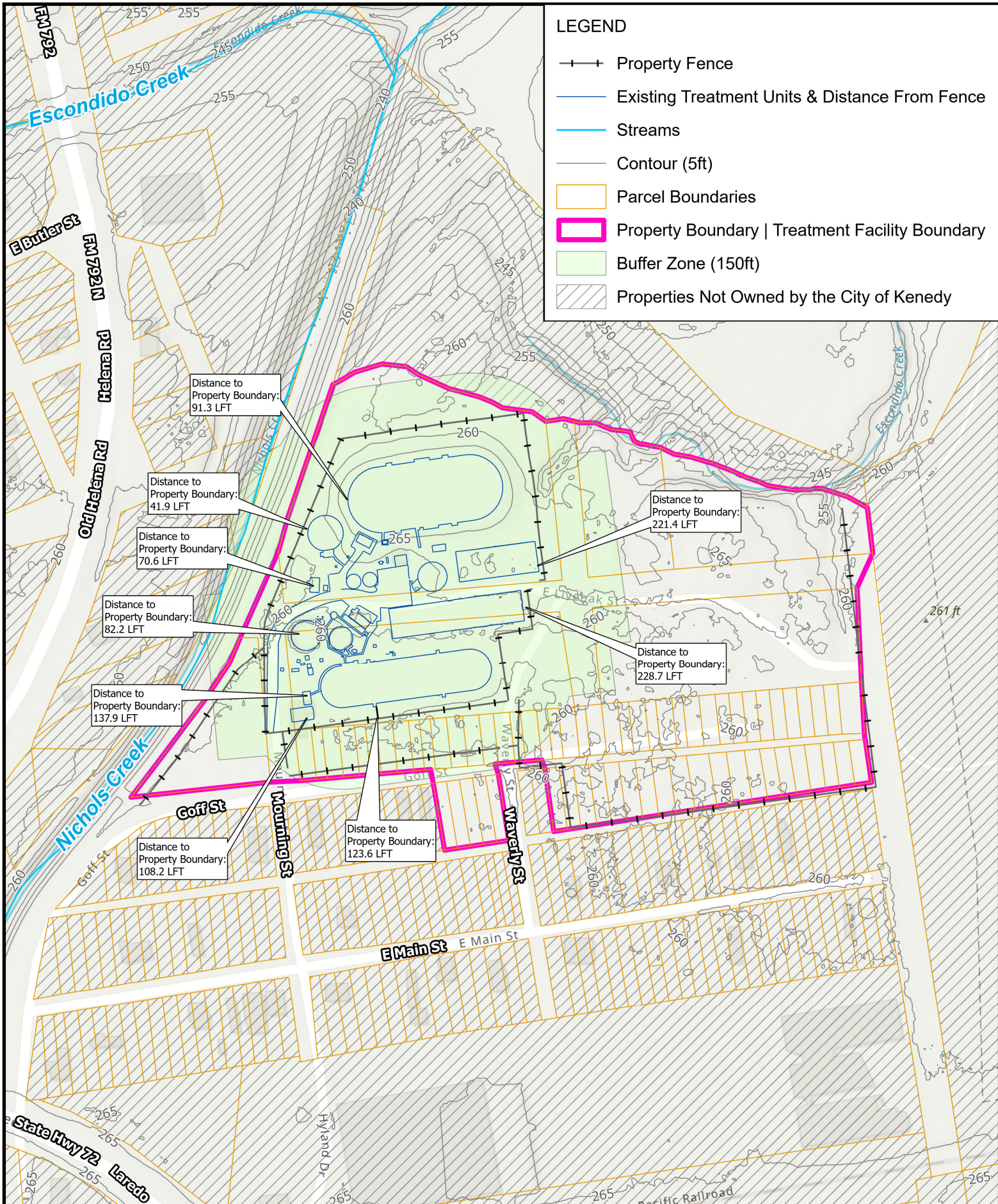






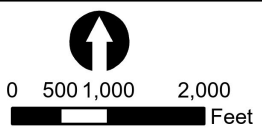






LEGEND

- Property Fence
- Existing Treatment Units & Distance From Fence
- Streams
- Contour (5ft)
- Parcel Boundaries
- Property Boundary | Treatment Facility Boundary
- Buffer Zone (150ft)
- Properties Not Owned by the City of Kenedy



Kenedy WWTP
Buffer Zone Map
Kenedy, Texas

July 2025
 Doucet Project No. 25004558.001A

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 1.5

2-Hr Peak Flow (MGD): 4.37

Estimated construction start date: 12/1/25

Estimated waste disposal start date: 12/1/25

B. Interim II Phase

Design Flow (MGD): 1.5

2-Hr Peak Flow (MGD): 4.37

Estimated construction start date: na

Estimated waste disposal start date: na

C. Final Phase

Design Flow (MGD): 1.5

2-Hr Peak Flow (MGD): 4.37

Estimated construction start date: na

Estimated waste disposal start date: na

D. Current Operating Phase

Provide the startup date of the facility: 1973

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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

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

The existing municipal wastewater treatment facility employs an activated sludge process and receives influent from the City of Kenedy and the John B. Connally Unit via 12-inch and 15-inch wastewater lines. Upon arrival, the wastewater passes through a bar screen into a wet well (lift station) and is then pumped to the main headworks located on the north side of the site. From the headworks, the flow enters the aeration basin, where biological treatment occurs. The treated wastewater then moves to a splitter structure, which distributes the flow between two clarifiers (52-foot and 62-foot diameters). The majority of the resulting sludge is directed to a belt filter press for dewatering, while a portion is returned to the aeration basin as return activated sludge (RAS). The belt press separates liquids from solids; the liquids are recirculated to the clarifiers, and the dewatered solids are transported to the Second Nature sludge disposal site. Effluent from the clarifiers proceeds to the chlorine contact chambers for disinfection. Sulfur dioxide (SO₂) is then added to neutralize residual chlorine before the treated effluent is discharged into Escondido Creek via the permitted outfall.

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)
Headworks	2	13'x5'x14' & 27'x16'x
Aeration basin	1	257'x113'x20'
Splitter structure	1	12'x9.5'x12'
Clarifiers	2	52'x10' & 52'x16'
Contact chamber	2	47.33'x15.33'x10' & 17'x27'x10'
Belt press	1	

C. Process Flow Diagram

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

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

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

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

- Latitude: 28.822985
- Longitude: -97.841925

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: [Click to enter text.](#)

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

The treatment facility treats all the wastewater within the City of Kenedy and the John B. Connally Unit.

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
		Choose an item.	
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 5. Closure Plans (Instructions Page 44)

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

The purpose of the closure plan is to remove one section of abandoned sludge drying beds and an abandoned aeration basin. The closure plan is pending approval.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 1973, 1992, 1999, 2002, 2006,

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.**

N/A

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.

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*.

Written confirmation of construction completion must be submitted no later than 45 days prior to the scheduled completion date, using Form 20007.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☒ Yes ☐ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. Stormwater management

1. *Applicability*

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

☒ Yes ☐ No

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

☐ Yes ☐ No

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

2. *MSGP coverage*

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

☒ Yes ☐ No

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

TXR05 TXR05GB82 or TXRNE Click to enter text.

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☒ No

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

Click to enter text.

4. *Existing coverage in individual permit*

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

☐ Yes ☒ No

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

Click to enter text.

5. *Zero stormwater discharge*

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

☐ Yes ☒ No

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

Click to enter text.

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

6. *Request for coverage in individual permit*

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the sludge, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

[Click to enter text.](#)

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If **yes to any of the above**, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	10 (167)	25		Comp.	
Total Suspended Solids, mg/l	15 (250)	40		Comp.	
Ammonia Nitrogen, mg/l	3 (50)	10		Comp.	
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater	126	399		Grab	
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, µmohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Mark Garcia

Facility Operator's License Classification and Level: WASTEWATER TREATMENT OPERATOR B

Facility Operator's License Number: WW0032913

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

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

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Distribution & Marketing-Composting	Off-site Third-Party Handler or Preparer	Bulk		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

D. Disposal site

Disposal site name: Second Nature

TCEQ permit or registration number: 42044

County where disposal site is located: Bexar

E. Transportation method

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

Name of the hauler: K-3 Resources LP

Hauler registration number: 22430

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification

- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault
- ☐ None of the above

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

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

[Click to enter text.](#)

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

A. Additional authorizations

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

☒ Yes ☐ No

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

R10746001, R10746001A, and R10746001B

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

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

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Click to enter text.

Title: Click to enter text.

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 56)

A. Justification of permit need

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

[Click to enter text.](#)

B. Regionalization of facilities

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

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

1. *Municipally incorporated areas*

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

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

☐ Yes ☐ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

2. *Utility CCN areas*

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

☐ Yes ☐ No

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

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

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

3. *Nearby WWTPs or collection systems*

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

☐ Yes ☐ No

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

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

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

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

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

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

Section 2. Proposed Organic Loading (Instructions Page 58)

Is this facility in operation?

☐ Yes ☐ No

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

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

A. Current organic loading

Facility Design Flow (flow being requested in application): [Click to enter text.](#)

Average Influent Organic Strength or BOD₅ Concentration in mg/l: [Click to enter text.](#)

Average Influent Loading (lbs/day = total average flow X average BOD₅ conc. X 8.34): [Click to enter text.](#)

Provide the source of the average organic strength or BOD₅ concentration.

[Click to enter text.](#)

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

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

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 58)

A. Existing/Interim I Phase Design Effluent Quality

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

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

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

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

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

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

B. Interim II Phase Design Effluent Quality

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

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

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

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

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

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

C. Final Phase Design Effluent Quality

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

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

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

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

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

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

D. Disinfection Method

Identify the proposed method of disinfection.

- ☐ Chlorine: [Click to enter text.](#) mg/l after [Click to enter text.](#) minutes detention time at peak flow

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

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

Section 4. Design Calculations (Instructions Page 58)

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

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

Section 5. Facility Site (Instructions Page 59)

A. 100-year floodplain

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

- ☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

B. Wind rose

Attach a wind rose: [Click to enter text.](#)

Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 59)

A. Beneficial use authorization

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

☐ Yes ☐ No

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

B. Sludge processing authorization

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

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

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

Section 7. Sewage Sludge Solids Management Plan (Instructions Page 60)

Attach a solids management plan to the application.

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

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

- Treatment units and processes dimensions and capacities

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: [Click to enter text.](#)

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 63)

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

☒ Yes ☐ No

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

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

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

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

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

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

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☐ Other, specify: Click to enter text.

B. Flow characteristics

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

- ☐ Intermittent - dry for at least one week during most years
- ☐ Intermittent with Perennial Pools - enduring pools with sufficient habitat to maintain significant aquatic life uses
- ☐ Perennial - normally flowing

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

- ☐ USGS flow records
- ☐ Historical observation by adjacent landowners
- ☐ Personal observation
- ☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

[Click to enter text.](#)

D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

[Click to enter text.](#)

E. Normal dry weather characteristics

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

[Click to enter text.](#)

Date and time of observation: 4/16/2025 11:14 am

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

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

A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☐ Agricultural runoff

☐ Septic tanks

☐ Other(s), specify: [Click to enter text.](#)

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 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 65)

Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)

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

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

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

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 65)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

Number of riffles: [Click to enter text.](#)

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

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

[Click to enter text.](#)

Stream transects

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

Table 2.1(1) - Stream Transect Records

Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section.	Transect location	Water surface width (ft)	Stream depths (ft) at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas.
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 65)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): [Click to enter text.](#)

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

Size of pools (large, small, moderate, none): [Click to enter text.](#)

Maximum pool depth, in feet: [Click to enter text.](#)

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

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

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

For existing authorizations, provide Registration Number: [Click to enter text.](#)

Section 2. Land Application Site(s) (Instructions Page 67)

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

Table 3.0(1) – Land Application Site Crops

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

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) – Storage and Evaporation Ponds

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

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

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

Section 4. Flood and Runoff Protection (Instructions Page 67)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

[Click to enter text.](#)

Section 5. Annual Cropping Plan (Instructions Page 67)

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 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

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

Table 3.0(3) – Water Well Data

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

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

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

Section 7. Groundwater Quality (Instructions Page 68)

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

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

Are groundwater monitoring wells available onsite? ☐ Yes ☐ No

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

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

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

Section 8. Soil Map and Soil Analyses (Instructions Page 69)

A. Soil map

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

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

B. Soil analyses

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

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

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number

Section 9. Effluent Monitoring Data (Instructions Page 70)

Is the facility in operation?

☒ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

[illegible]

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 71)

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

A. Irrigation

Area under irrigation, in acres: [Click to enter text.](#)

Design application frequency:

hours/day [Click to enter text.](#) And days/week [Click to enter text.](#)

Land grade (slope):

average percent (%): [Click to enter text.](#)

maximum percent (%): [Click to enter text.](#)

Design application rate in acre-feet/acre/year: [Click to enter text.](#)

Design total nitrogen loading rate, in lbs N/acre/year: [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Method of application: [Click to enter text.](#)

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

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

B. Evaporation ponds

Daily average effluent flow into ponds, in gallons per day: [Click to enter text.](#)

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

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

C. Evapotranspiration beds

Number of beds: [Click to enter text.](#)

Area of bed(s), in acres: [Click to enter text.](#)

Depth of bed(s), in feet: [Click to enter text.](#)

Void ratio of soil in the beds: [Click to enter text.](#)

Storage volume within the beds, in acre-feet: [Click to enter text.](#)

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

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

D. Overland flow

Area used for application, in acres: [Click to enter text.](#)

Slopes for application area, percent (%): [Click to enter text.](#)

Design application rate, in gpm/foot of slope width: [Click to enter text.](#)

Slope length, in feet: [Click to enter text.](#)

Design BOD₅ loading rate, in lbs BOD₅/acre/day: [Click to enter text.](#)

Design application frequency:

hours/day: [Click to enter text.](#) **And** days/week: [Click to enter text.](#)

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

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

Section 2. Edwards Aquifer (Instructions Page 72)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

Section 1. Subsurface Application (Instructions Page 73)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

Application area, in acres: [Click to enter text.](#)

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Number of beds: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Area of bed(s), in square feet: [Click to enter text.](#)

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

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

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

Section 2. Edwards Aquifer (Instructions Page 73)

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 74)

A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:

B. [Click to enter text.](#) Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Owner of the subsurface area drip dispersal system: [Click to enter text.](#)

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

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

[Click to enter text.](#)

E. Owner of the land where the subsurface area drip dispersal system is located: [Click to enter text.](#)

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 2. Subsurface Area Drip Dispersal System (Instructions Page 74)

A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: [Click to enter text.](#)

B. Irrigation operations

Application area, in acres: [Click to enter text.](#)

Infiltration Rate, in inches/hour: [Click to enter text.](#)

Average slope of the application area, percent (%): [Click to enter text.](#)

Maximum slope of the application area, percent (%): [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

C. Application rate

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: [Click to enter text.](#)

Nitrogen application rate, in lbs/gal/day: [Click to enter text.](#)

D. Dosing information

Number of doses per day: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

Rest period between doses, in hours: [Click to enter text.](#)

Dosing amount per area, in inches/day: [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

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

☐ Yes ☐ No

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

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

Section 3. Required Plans (Instructions Page 74)

A. Recharge feature plan

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

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

B. Soil evaluation

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

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

C. Site preparation plan

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

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

D. Soil sampling/testing

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

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

Section 4. Floodway Designation (Instructions Page 75)

A. Site location

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

☐ Yes ☐ No

B. Flood map

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

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

Section 5. Surface Waters in the State (Instructions Page 75)

A. Buffer Map

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

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

B. Buffer variance request

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

☐ Yes ☐ No

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

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

Section 6. Edwards Aquifer (Instructions Page 75)

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 76)

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

Grab ☐ Composite ☐

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

Table 4.0(1) – Toxics Analysis

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

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Epichlorohydrin				---
Ethylbenzene				10
Ethylene Glycol				---
Fluoride				500
Guthion				0.1
Heptachlor				0.01
Heptachlor Epoxide				0.01
Hexachlorobenzene				5
Hexachlorobutadiene				10
Hexachlorocyclohexane (alpha)				0.05
Hexachlorocyclohexane (beta)				0.05
gamma-Hexachlorocyclohexane (Lindane)				0.05
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Hexachlorophene				10
4,4'-Isopropylidenediphenol				1
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Methyl tert-butyl ether				---
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Parathion (ethyl)				0.1
Pentachlorobenzene				20
Pentachlorophenol				5
Phenanthrene				10
Polychlorinated Biphenyls (PCB's) (*3)				0.2
Pyridine				20
Selenium				5
Silver				0.5
1,2,4,5-Tetrachlorobenzene				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				10
Thallium				0.5
Toluene				10
Toxaphene				0.3
2,4,5-TP (Silvex)				0.3
Tributyltin (see instructions for explanation)				0.01
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10
Zinc				5

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

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

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

Section 2. Priority Pollutants

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

Grab ☐ Composite ☐

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

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

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

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E - Pesticides

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

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

Section 3. Dioxin/Furan Compounds

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

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

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

[Click to enter text.](#)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

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

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

Grab ☐ Composite ☐

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

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of **1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See Page 86 of the instructions for further details.

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests

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

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

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

Section 2. Toxicity Reduction Evaluations (TREs)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 1

Average Daily Flows, in MGD: 0.05

Other IUs:

Number of IUs: Click to enter text.

Average Daily Flows, in MGD: Click to enter text.

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☐ No

If **yes**, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No

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

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

Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☒ No

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

Click to enter text.

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

A. General information

Company Name: Ashland, Inc.

SIC Code: 2899

Contact name: Erik Jorn

Address: 1 Mill St

City, State, and Zip Code: Kenedy, TX, 78119

Telephone number: 830.583.1549

Email address: erik.jorn@ashland.com

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).

The plant produces thickeners for soap using a special type of grain.

C. Product and service information

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

Chemical production for soap.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 44,852

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: 4,984

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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 90)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

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

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

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

2. Agent/Consultant Contact Information

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

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

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

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

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

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

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

4. Facility Contact Information

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

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

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

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

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

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

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. **Well Information**

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. **Purpose**

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

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

8. **Water Well Driller/Installer**

Water Well Driller/Installer Name: [Click to enter text.](#)

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

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

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

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

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

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

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

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

Section 4. Site Hydrogeological and Injection Zone Data

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

Section 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations (attach as Attachment L): [Click to enter text.](#)
4. Previous Remediation (attach results of any previous remediation as attachment M): [Click to enter text.](#)

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

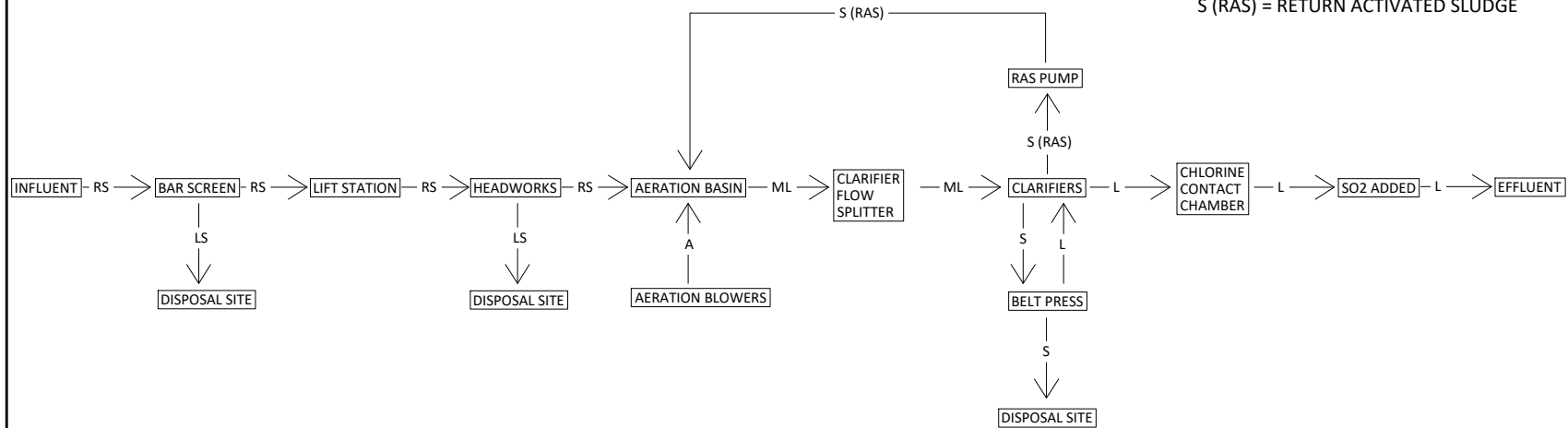
Class V Injection Well Designations

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

The plant will not undergo any design changes. No design calculations will be provided.

PLAN LEGEND

A = AIR
L = LIQUIDS
LS = LARGE SOLIDS
ML = MIXED LIQUOR
RS = RAW SEWAGE
S = SOLIDS
S (RAS) = RETURN ACTIVATED SLUDGE



PROCESS FLOW DIAGRAM

PROJECT: KENEDY WWTP CLOSURE PLAN

TITLE: PROCESS FLOW DIAGRAM

PLOTTED: Jul 17, 2025 - 4:21pm

FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTSOutfall Number 001

1. During the period beginning upon the completion of expansion to the 2.0 million gallons per day (MGD) facility and lasting through the date of expiration, the permittee is authorized to discharge subject to the following effluent limitations:

The annual average flow of effluent shall not exceed 2.0 MGD, nor shall the average discharge during any two-hour period (2-hour peak) exceed 3,707 gpm.

Effluent Characteristic	Discharge Limitations			Min. Self-Monitoring Requirements	
	Daily Avg mg/l (lbs/day)	7-day Avg mg/l	Daily Max mg/l	Single Grab mg/l	Report Daily Avg. & Daily Max. Measurement Frequency Sample Type
Flow, MGD	Report	N/A	Report	N/A	Continuous Totalizing Meter
Carbonaceous Biochemical Oxygen Demand (5-day)	10 (167)	15	25	35	Two/week Composite
Total Suspended Solids	15 (250)	25	40	60	Two/week Composite
Ammonia Nitrogen	3 (50)	6	10	15	Two/week Composite
<i>E. coli</i> , colony-forming units or most probable number per 100 ml	126	N/A	399	N/A	One/week Grab

2. The effluent shall contain a chlorine residual of at least 1.0 mg/l after a detention time of at least 20 minutes (based on peak flow) and shall be monitored daily by grab sample at each chlorine contact chamber. The permittee shall dechlorinate the chlorinated effluent to less than 0.1 mg/l chlorine residual and shall monitor chlorine residual daily by grab sample after the dechlorination process. An equivalent method of disinfection may be substituted only with prior approval of the Executive Director.
3. The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored once per week by grab sample.
4. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil.
5. Effluent monitoring samples shall be taken at the following location(s): Following the final treatment unit.
6. The effluent shall contain a minimum dissolved oxygen of 4.0 mg/l and shall be monitored twice per week by grab sample.
7. The annual average flow and maximum 2-hour peak flow shall be reported monthly.

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:

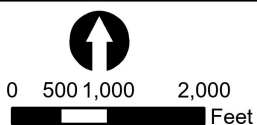
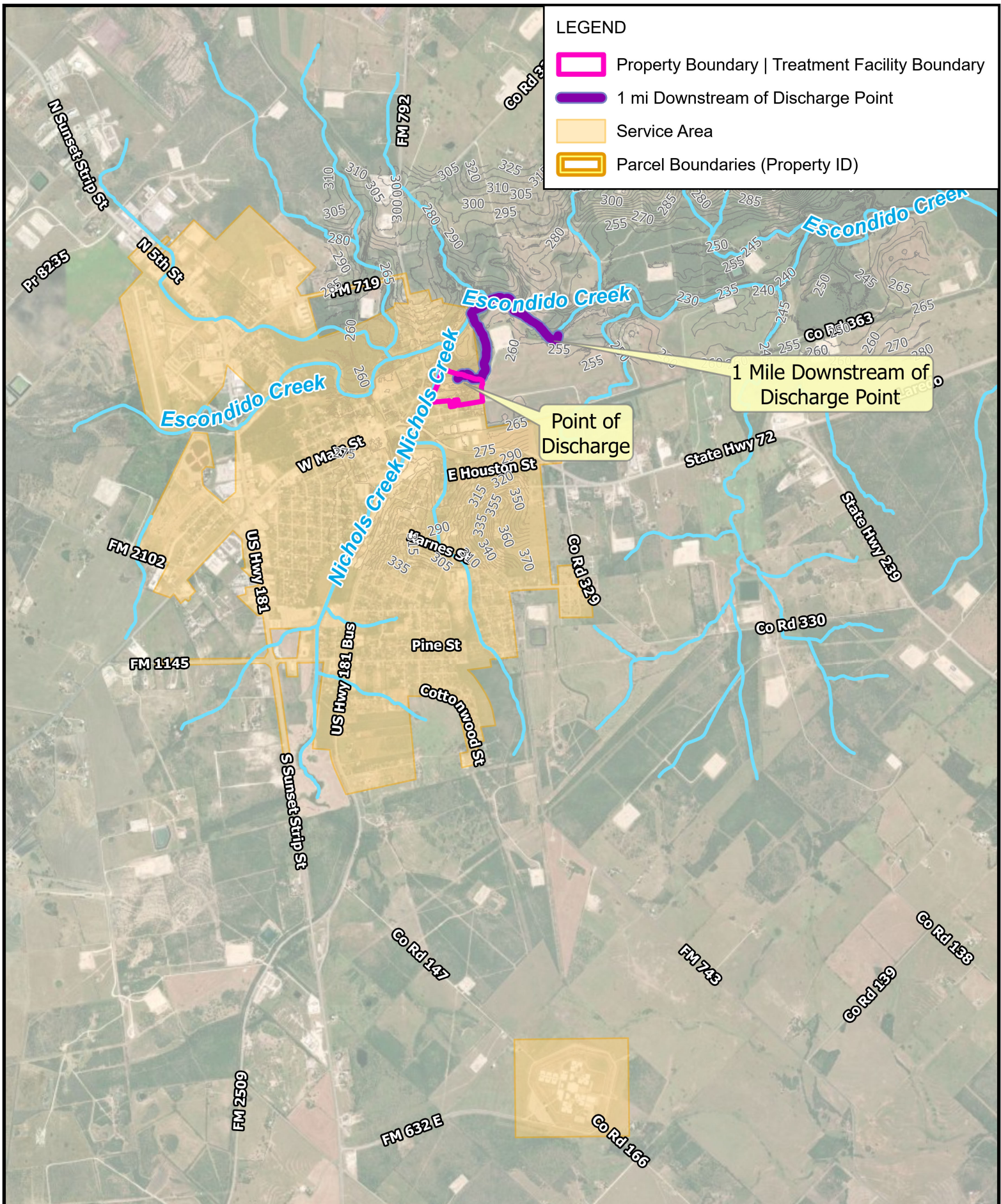
Title:

Signature: _____

Date: 7/21/2025

LEGEND

-  Property Boundary | Treatment Facility Boundary
-  1 mi Downstream of Discharge Point
-  Service Area
-  Parcel Boundaries (Property ID)



Kenedy WWTP
Site Information Drawing
Kenedy, Texas

July 2025
Doucet Project No. 25004558.001

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Chris Cortez Kenedy, City of 303 W. Main Kenedy, TX 78119	Project Name: Sample ID: Filter Press Sludge Matrix: Sludge Date/Time Taken: 5/12/2025 0930	PCS Sample #: 801100 Page 1 of 2 Date/Time Received: 5/12/2025 11:35 Report Date: 5/23/2025 Approved by: <i>Chuck Wallgren</i> Chuck Wallgren, President

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Arsenic/ICP (Total)	8.40	mg/kg	1.01	05/20/2025 07:11	SW846 3050/6010	DJL
Cadmium/ICP (Total)	<1.01	mg/kg	1.01	05/20/2025 07:11	SW846 3050/6010	DJL
Chromium/ICP (Total)	18.0	mg/kg	1.01	05/20/2025 07:11	SW846 3050/6010	DJL
Copper/ICP (Total)	160	mg/kg	1.01	05/20/2025 07:11	SW846 3050/6010	DJL
Lead/ICP (Total)	8.60	mg/kg	1.01	05/20/2025 07:11	SW846 3050/6010	DJL
Molybdenum/ICP (Total)	23.0	mg/kg	2.02	05/20/2025 07:11	SW846 3050/6010	DJL
Nickel/ICP (Total)	8.90	mg/kg	1.01	05/20/2025 07:11	SW846 3050/6010	DJL
Selenium/ICP (Total)	11.0	mg/kg	2.02	05/20/2025 07:11	SW846 3050/6010	DJL

Test Description	Precision	Quality Assurance Summary					LCS Limit	Blank
		Limit	LCL	MS	MSD	UCL		
Arsenic/ICP (Total)	<1	20	75	99	99	125	105	85 - 115
Cadmium/ICP (Total)	<1	20	75	98	98	125	100	85 - 115
Chromium/ICP (Total)	<1	20	75	99	99	125	105	85 - 115
Copper/ICP (Total)	<1	20	75	101	101	125	115	85 - 115
Lead/ICP (Total)	<1	20	75	98	99	125	100	85 - 115
Molybdenum/ICP (Total)	<1	20	75	104	104	125	105	85 - 115
Nickel/ICP (Total)	3	20	75	98	102	125	105	85 - 115
Selenium/ICP (Total)	4	20	75	94	92	125	90	85 - 115

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

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

POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Chris Cortez Kenedy, City of 303 W. Main Kenedy, TX 78119	Project Name: Sample ID: Filter Press Sludge Matrix: Sludge Date/Time Taken: 5/12/2025 0930	PCS Sample #: 801100 Page 2 of 2 Date/Time Received: 5/12/2025 11:35 Report Date: 5/23/2025

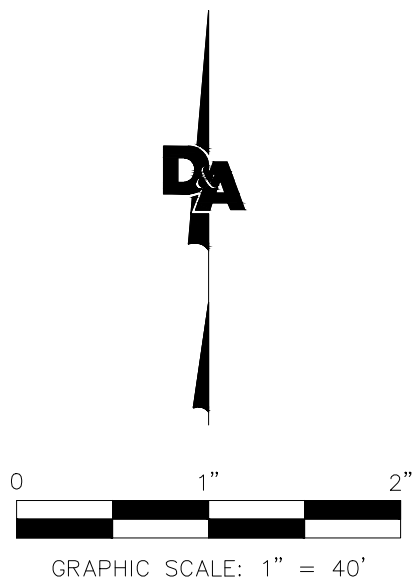
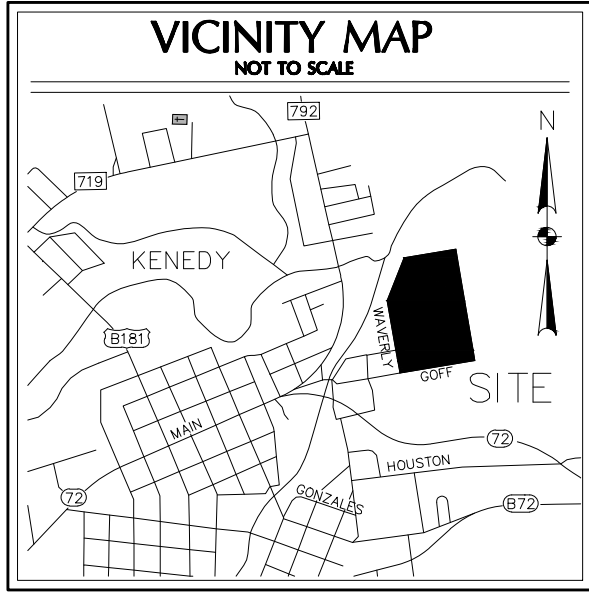
Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Zinc/ICP (Total)	250	mg/kg	1.01	05/20/2025 07:11	SW846 3050/6010	DJL
Mercury/CVAA (Total)	0.395	mg/kg	0.053	05/19/2025 15:01	SW846 7471	EMV
Total Solids	14.0	%	0.10	05/12/2025 18:00	SM 2540 G	EMV
TCLP, Full	See Attached					
	DHL					

Test Description	Precision	Limit	LCL	MS	MSD	UCL	LCS	LCS Limit	Blank
Zinc/ICP (Total)	<1	20	75	99	99	125	105	85 - 115	
Mercury/CVAA (Total)	2	20	70	92	94	130	98	85 - 115	
Total Solids	<1	12	N/A			N/A			
TCLP, Full	See Attached Report for Quality Assurance Information								

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

§ Reported on a Dry Weight Basis

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



LEGEND

- VALVE
- WASTEWATER MANHOLE
- WATER MANHOLE
- WATER METER
- WATER VALVE
- STORM SEWER MANHOLE
- POWER POLE
- FIRE HYDRANT
- GAS METER
- GAS VALVE
- DOWN GUY
- ELECTRIC MANHOLE
- ELECTRIC METER
- ELECTRIC PULL BOX
- ELECTRIC TRANSFORMER
- AIR CONDITIONING UNIT
- BOLLARD
- RCP
- CMP
- MP
- MH
- PVC
- EXISTING CHAIN LINK FENCE
- EXISTING HAND RAIL
- EDGE OF PAVEMENT
- OE
- WW
- W
- FLOODPLAIN
- CONCRETE
- GRAVEL

CONTROL NOTE:
BASIS OF BEARING IS THE TEXAS COORDINATE SYSTEM, SOUTH CENTRAL ZONE (4204), NORTH AMERICAN DATUM 1983 (NAD83), 2011 ADJUSTMENT (EPOCH 2010). ALL COORDINATE VALUES AND DISTANCES SHOWN ARE SURFACE VALUES AND MAY BE CONVERTED TO GRID BY DIVIDING BY THE SURFACE ADJUSTMENT FACTOR OF 1.00012.
UNITS: US SURVEY FEET.

ALL ELEVATIONS SHOWN HEREON ARE BASED ON GPS OBSERVATIONS REFERENCED TO THE LEICA SMARTNET VIRTUAL REFERENCE STATION (VRS) NETWORK AND DIGITAL DIFFERENTIAL LEVELING. COORDINATES WERE ESTABLISHED BASED ON OBSERVATIONS OF NATIONAL GEODETIC SURVEY (NGS) MONUMENTS B1525 AND B1525.

THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE COMMITMENT. EASEMENTS OR OTHER MATTERS OF RECORD MAY EXIST WHERE NONE ARE SHOWN.

UTILITY NOTE:
SOME POSSIBLE LOCATIONS OF UNDERGROUND UTILITIES ARE SHOWN HEREON AS A PRECAUTIONARY MEASURE BASED UPON OBSERVED SURVEY LOCATIONS OR SCALED FROM PLANS. DOUCET & ASSOCIATES DOES NOT TAKE RESPONSIBILITY FOR DETERMINING THE DEPTH OR LOCATION OF UNDERGROUND UTILITIES WITHIN OR AROUND THE SUBJECT SITE. ALL UTILITIES SHOULD BE FIELD VERIFIED AND CHECKED BY CONTRACTOR.

FLOODPLAIN NOTE:
A PORTION/PORTIONS OF THIS PROPERTY (AS SHOWN HEREON) ARE LOCATED WITHIN ZONE "X" SHADED, AS SHOWN ON F.I.R.M. PANEL NO. 4825500390C, KARNES COUNTY, TEXAS EFFECTIVE OCTOBER 19, 2010. SOURCE OF FLOODPLAIN LINES: FEMA WEBSITE.

SURVEYOR DOES NOT GUARANTEE OR WARRANT THE ACCURACY OR CORRECTNESS OF THE F.E.M.A. MAPS. THIS FLOOD STATEMENT DOES NOT IMPLY THE PROPERTY AND/OR THE STRUCTURES THEREON WILL BE FREE FROM FLOODING OF FLOOD DAMAGE. THIS FLOOD STATEMENT SHALL NOT CREATE LIABILITY ON THE PART OF THE SURVEYOR.



I HEREBY CERTIFY THIS SURVEY WAS MADE ON THE GROUND, AND SUBSTANTIALLY COMPLIES WITH CURRENT TEXAS SOCIETY OF PROFESSIONAL SURVEYORS STANDARDS AND SPECIFICATIONS FOR A CATEGORY 6, CONDITION 1 TOPOGRAPHIC SURVEY.

J. Dillon Fugate 07/16/2025
J. DILLON FUGATE DATE
REGISTERED PROFESSIONAL LAND SURVEYOR
TEXAS REGISTRATION NO. 6360
DOUCET & ASSOCIATES
DFUGATE@KLEINFELDER.COM



TOPOGRAPHIC SURVEY EXHIBIT
CITY OF KENEDY, TEXAS
KARNES COUNTY, TEXAS

DOUCET
A Kleinfelder Company
Civil Engineering // Entitlements // Geospatial
7401 B. Highway 71 W. Ste. 160
Austin, TX 78735. Tel: (512)-583-2600
www.doucetengineers.com
TBP Firm Number: 3937
TBP Firm Number: 10194551

Date: 07/16/2025
Scale: 1" = 40'
Drawn by: JS
Reviewed: JDF
Project: 25004558.001A
Sheet: 1 OF 1
Field Book: 0024
Party Chief: JS
Survey Date: 4/16/2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 1.5

2-Hr Peak Flow (MGD): 4.37

Estimated construction start date: 12/1/25

Estimated waste disposal start date: 12/1/25

B. Interim II Phase

Design Flow (MGD): 1.5

2-Hr Peak Flow (MGD): 4.37

Estimated construction start date: na

Estimated waste disposal start date: na

C. Final Phase

Design Flow (MGD): 2.0

2-Hr Peak Flow (MGD): 5.34

Estimated construction start date: na

Estimated waste disposal start date: na

D. Current Operating Phase

Provide the startup date of the facility: 1973

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

DOMESTIC WASTEWATER/STORMWATER

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

The City of Kenedy (CN600528459) operates the City of Kenedy Wastewater Treatment Facility (RN102097839), a municipal wastewater treatment plant with a maximum output of 2.0 MGD. Domestic wastewater is treated by an activated sludge process and the treatment units include a bar screen, an aeration basin, final clarifiers, a belt filter press, chlorine contact chambers and a dechlorination chamber. The facility is located at One Mourning Street, in Kenedy, Karnes County, Texas 78119. The City of Kenedy is renewing its permit to operate the existing wastewater treatment facility.

Discharges from the facility are expected to contain E. coli and solids. Process wastewater will be treated by natural biological processes and chlorine to prevent contamination of Escondido creek.

Brandon Maldonado

From: Rick Reyes <RReyes@kleinfelder.com>
Sent: Monday, August 18, 2025 3:45 PM
To: Brandon Maldonado
Cc: Rob Clark
Subject: FW: Application to Renew Permit No. WQ0010746001 - Notice of Deficiency Letter

Good afternoon,
Looks like you might not have been included on this response.

Ricardo Reyes,
Staff Professional

Doucet & Associates, Inc.
A Kleinfelder Company
O: 210-469-4564
rreyes@kleinfelder.com

From: citymanager@kenedytx.gov <citymanager@kenedytx.gov>
Sent: Friday, August 15, 2025 9:09 AM
To: Rob Clark <ROClark@kleinfelder.com>; citysecretary@kenedytx.gov
Cc: 'Isael Martinez' <pwdirector@kenedytx.gov>; Rick Reyes <RReyes@kleinfelder.com>
Subject: RE: Application to Renew Permit No. WQ0010746001 - Notice of Deficiency Letter

External Email

Everything looks good on the letter. Thank you.

Sincerely,

Melissa L. Gonzalez, CPM
City Manager
City of Kenedy
303 W. Main Street
Kenedy, Texas 78119
830-583-2230



From: Rob Clark <ROClark@kleinfelder.com>
Sent: Wednesday, August 6, 2025 3:14 PM
To: Melissa L. Gonzalez - City of Kenedy (citymanager@kenedytx.gov) <citymanager@kenedytx.gov>;

citysecretary@kenedytx.gov

Cc: Isael Martinez <pwdirector@kenedytx.gov>; Rick Reyes <RReyes@kleinfelder.com>

Subject: RE: Application to Renew Permit No. WQ0010746001 - Notice of Deficiency Letter

See below and attached. The paragraph in the attached letter does not appear to contain any errors or omissions to me, but please confirm that. If it looks good to you, too, then I will reply to TCEQ and copy y'all in my reply.

Rob Clark, PE
Director – Public Works & Water Resources

Doucet & Associates, Inc.
A Kleinfelder Company

C: 210.362.8204

From: Brandon Maldonado <Brandon.Maldonado@tceq.texas.gov>

Sent: Wednesday, August 6, 2025 2:55 PM

To: citysecretary@kenedytx.gov

Cc: Rob Clark <ROClark@kleinfelder.com>

Subject: Application to Renew Permit No. WQ0010746001 - Notice of Deficiency Letter

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

External Email

Dear Ms. Gonzales

The attached Notice of Deficiency (NOD) letter sent on **August 6, 2025**, requests additional information needed to declare the application administratively complete. Please send complete response to my attention by **August 20, 2025**.

Please let me know if you have any questions.

Regards,



Brandon Maldonado

Texas Commission on Environmental
Quality
Water Quality Division
512-239-4331

Brandon.Maldonado@tceq.texas.gov

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