Administrative Package Cover Page

This file contains the following documents:

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

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

City of Gruver (CN600643431) operates the city of Gruver Wastewater treatment facility (RN101920254). an activated sludge process plant with diffuse aeration. The facility is located approximately 0.6 miles west of State Highway 15 and approximately 0.8 miles east of State Highway 136, southeast of the City of Gruver, in , Hansford County, Texas 79040.

Renewal to discharge 200,000 gallons per day of treated domestic wastewater

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD_5), total suspended solids (TSS), and *Escherichia coli*.. Domestic wastewater are treated by an activated sludge process plant and the treatment units include a bar screen, two aeration ponds, stabilization pond, wetland area, and a chlorination structure .

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0010751001

APPLICATION. City of Gruver, P.O. Box 947, Gruver, Texas 79040, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010751001 (EPA I.D. No. TX0023604) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 200,000 gallons per day. The domestic wastewater treatment facility is Located approximately 3,300 feet west of the intersection of State Highway 15 and County Road R, near the city of Gruver, in Hansford County, Texas 79040. The discharge route is from the plant site to Farwell Draw; thence to Palo Duro Creek; thence to Palo Duro Reservior; thence to Palo Duro Creek; thence to the Canadian River Basin in the State of Oklahoma. TCEQ received this application on June 6, 2025. The permit application will be available for viewing and copying at Gruver City Hall, City Secretary Office, 201 East Broadway Street, Gruver, in Hansford 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=-101.398333,36.254444&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 Gruver at the address stated above or by calling Mr. Johnnie Williams, City Manager, at 806-733-2424.

Issuance Date: June 26, 2025

MUNICIPAL WASTEWATER TREATMENT PLANT (WWTP) PERMIT RENEWAL

CITY OF GRUVER, TEXAS

City of Gruver Municipal Wastewater Treatment Plant
Hansford County
WWTP Permit No. WQ0010751001
June 2025

HI-PLAINS
CIVIL ENGINEERS
4537 CANYON DRIVE AMARILLO, TEXAS 79110

ATTACHMENTS

Attachment 1 – Core Data From (Administrative Report 1.0 – Item 3C)

Attachment 2 – Supplemental Permit Information (SPIF)

Attachment 3 – Original USGS Map (Domestic Administrative Report 1.0 – Item 13)

Attachment 4 – Process Flow Diagram (Technical Report 1.0 – Item 2C)

Attachment 5 – Site Drawing (Technical Report 1.0 – Item 3)

Attachment 6 – Pollutant Analysis of Treated Effluent (Technical Report 1.0 – Item 7)

Attachment 7 –Copy of Application Fee Check

DOMESTIC ADMINISTRATIVE REPORT

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Gruver

PERMIT NUMBER (If new, leave blank): WQ001075001

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

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

For TCEQ Use Only

Segment Number _____County _____

Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: Click to enter text.
Check/Money Order Amount: Click to enter text.
Name Printed on Check: Click to enter text.

EPAY — Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

See Attachment 7

Section 2. Type of Application (Instructions Page 26)

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

☒ Publicly Owned Domestic Wastewater
☐ Privately-Owned Domestic Wastewater
☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ001075001

EPA I.D. (TPDES only): TX 0023604

Expiration Date: Click to enter text.

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

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

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

City of Gruver

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

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

CN: 600643431

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

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

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

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

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr. Last Name, First Name: Garcia, Adolfo

Title: Civil Engineer Credential: P.E.

Organization Name: Hi-Plains Civil Engineers

Mailing Address: 4537 Canyon Drive City, State, Zip Code: Amarillo, TX 79110

Phone No.: (806) 353-7233 E-mail Address: office@hpcetx.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

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

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

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: City Secretary's Office

Physical Address of Building: 201 E Broadway

City: Gruver County: Hansford

Contact (Last Name, First Name): Williams, Johnnie

Phone No.: (806) 733-2424 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

F. Summary of Application in Plain Language Template

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

Attachment: Click to enter text.

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN**101920254

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

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

City of Gruver Wastewater Treatment Plant

C. Owner of treatment facility: City of Gruver

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

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

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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

Attachment: Click to enter text.

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

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): City of Gruver

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010751001

Applicant: City of Gruver

Certification:

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

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

Signatory name (typed or printed): Johnnie Williams

Signatory title: City Manager

Signature: _____ Date: 5-30-2025

(Use blue ink)

Subscribed and Sworn to before me by the said Johnnie Williams

on this 30th day of May, 2025.

My commission expires on the 23rd day of January, 2027.

Amanda Cator

Notary Public

[SEAL]

AMANDA CATOR
Notary ID #3869380
My Commission Expires
January 23, 2027

Hansford

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☐ The applicant's property boundaries
- ☐ The facility site boundaries within the applicant's property boundaries
- ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. ☐ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses: Click to enter text.

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☐ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

- ☐ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

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

☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: **No. 2**

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No:** WQ0010751001

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.
5. APPLICATION INFORMATION

   Name of Project or Site: City of Gruver Wastewater Treatment Plant

   Physical Address of Project or Site: approximately 0.6 miles west of State Highway 15 and approximately 0.8 miles east of State Highway 136, southeast of the City of Gruver in Hansford County, Texas 79040

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

Staple Check or Money Order in This Space

See Attachment 7

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): Click to enter text.

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

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

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

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

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Summary of Application (in Plain Language) ☐ Yes

DOMESTIC TECHNICAL REPORT

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): 0.20

2-Hr Peak Flow (MGD): 0.60

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

B. Interim II Phase

Design Flow (MGD): N/A

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

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

C. Final Phase

Design Flow (MGD): 0.20

2-Hr Peak Flow (MGD): 0.60

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: 1997

Section 2. Treatment Process (Instructions Page 42)

A. Current Operating Phase

Provide a detailed description of the treatment process. **Include the type of treatment plant, mode of operation, and all treatment units.** Start with the plant's head works and finish with the point of discharge. Include all sludge processing and drying units. **If more than one phase exists or is proposed, a description of *each phase* must be provided**.

Pond System followed by wetland system; influent to bar screen, thence to aeration pond 1, thence aeration pond 2, thence stabilization pond, thence wetland unit to discharge point.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Aerated Pond 1 (existing)	1	306' x 280' x 5'
Aerated Pond 2 (existing)	1	306' x 280' x 5'
Stabilization Pond (existing)	1	Irregular 1.4 acres x 5' deep
Wetlands Unit (existing)	1	1,350' x 30' x 1.5'
Chlorination Structure (existing)	1	48" Dia. Manhole, 15' deep

C. Process Flow Diagram

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

Attachment: No. 4

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

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

- Latitude: 36°15'5.01"N
- Longitude: 101°23'43.89"W

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

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

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

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

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

Attachment: No. 5
Provide the name **and** a description of the area served by the treatment facility.

City of Gruver, located in Hansford County, Texas - Municipality

Collection System Information **for wastewater TPDES permits only**: Provide information for each **uniquely owned** collection system, existing and new, served by this facility, including satellite collection systems. **Please see the instructions for a detailed explanation and examples.**

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
City of Gruver WWTP Collection System	City of Gruver	**Publicly Owned**	1100
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 44)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 44)

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

A. Summary transmittal

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

☒ Yes ☐ No

If yes, provide the date(s) of approval for each phase: 1997

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

4. *Existing coverage in individual permit*

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

☐ Yes ☐ No

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

Click to enter text.

5. *Zero stormwater discharge*

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

☐ Yes ☐ No

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

Click to enter text.

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

6. *Request for coverage in individual permit*

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

☐ Yes ☐ No

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

See Attachment 6

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

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

*TPDES permits only
†TLAP permits only

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
Total Suspended Solids, mg/l					
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: Jade Red

Facility Operator's License Classification and Level: Class C

Facility Operator's License Number: WW0077668

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

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

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

☐ Other Treatment Process: Click to enter text.

C. Sewage Sludge or Biosolids Management

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

Biosolids Management

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

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

D. Disposal site

Disposal site name: Southwest Landfill TX LP/Republic Services

TCEQ permit or registration number: Permit No. 1663B

County where disposal site is located: Randall County

E. Transportation method

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

Name of the hauler: Allied Waste Services

Hauler registration number: 20159

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:

N/A

B. Temporary storage information

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

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

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

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

Phosphorus, mg/kg: Click to enter text.

Potassium, mg/kg: Click to enter text.

pH, standard units: Click to enter text.

Ammonia Nitrogen mg/kg: Click to enter text.

Arsenic: Click to enter text.

Cadmium: Click to enter text.

Chromium: Click to enter text.

Copper: Click to enter text.

Lead: Click to enter text.

Mercury: Click to enter text.

Molybdenum: Click to enter text.

Nickel: Click to enter text.

Selenium: Click to enter text.

Zinc: Click to enter text.

Total PCBs: Click to enter text.

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

N/A

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: N/A

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

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

A. RCRA hazardous wastes

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 55)

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

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

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

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

CERTIFICATION:

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

Printed Name: Johnnie Williams

Title: City Manager

Signature: _____

Date: 5-30-2025

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 BOD_5 Concentration in mg/l: Click to enter text.

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

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

Click to enter text.

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park – transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD_5 from all sources		

Section 3. Proposed Effluent Quality and Disinfection (Instructions Page 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 it Section 2. **If yes**, provide the following:

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

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

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

Attachment: Click to enter text.

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☒ No

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

Click to enter text.

C. Sea grasses

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

☐ Yes ☒ No

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

Click to enter text.

Section 3. Classified Segments (Instructions Page 63)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: Farwell Draw

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: Draw

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: operator's observation

C. Downstream perennial confluences

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

N/A

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.

Dry conditions with native grass

Date and time of observation: 06/04/2025

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

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

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

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.

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

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

For existing authorizations, provide Registration Number: Click to enter text.

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

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

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

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 BOD_5 loading rate, in lbs BOD_5/acre/day: Click to enter text.

Design application frequency:

hours/day: Click to enter text. **And** days/week: Click to enter text.

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

Attachment: Click to enter text.

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

The following **is required** for facilities with a current operating design flow of**1.0 MGD or greater**, with an EPA-approved **pretreatment** program (or those required to have one under 40 CFR Part 403), or are required to perform Whole Effluent Toxicity testing. See 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: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☐ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

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

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

A. General information

Company Name: N/A

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

N/A

C. Product and service information

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

N/A

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: N/A

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: N/A

Click or tap here to enter text. N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

F. Industrial user interruptions

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

☐ Yes ☐ No

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

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 WTTP disposal
5W20 Industrial Process Waste Disposal Wells
5W31 Septic System (Well Disposal method)
5W32 Septic System Drainfield Disposal
5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, and/or fill sections of a mine)
5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
5X27 Other Wells
5X28 Motor Vehicle Waste Disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
5X29 Abandoned Drinking Water Wells (waste disposal)

ATTACHMENT 1

Domestic Administrative Report 1.0
3. Facility Owner (Applicant) and Co-Applicant Information
Item (c) Core Data Form

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600643431		RN 101920254

SECTION II: Customer Information

4. General Customer Information	5. Effective Date for Customer Information Updates (mm/dd/yyyy)	2/20/2025

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

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

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

City of Gruver

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
	17560044376	756004437	021933510

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
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:

City of Gruver
P.O. Box 947

City	Gruver	State	TX	ZIP	79040	ZIP + 4	0941

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(806) 733-2424		(806) 733-5038

SECTION III: Regulated Entity Information

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

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

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

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

City of Gruver Wastewater Treatment Plant

23. Street Address of the Regulated Entity: ***(No PO Boxes)***							
	City		**State**		**ZIP**		**ZIP + 4**	
24. County	Hansford						

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

25. Description to Physical Location:	Located approximately 0.6 miles west of State Highway 15 & approximately 0.8 miles east of State Highway 136 southeast of the city of Gruver.

26. Nearest City	State	Nearest ZIP Code
Gruver	TX	79040

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

27. Latitude (N) In Decimal:	36.2543		28. Longitude (W) In Decimal:	101.3984	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
36	15	15.48	101	23	54.24

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

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

34. Mailing Address:	**City of Gruver**							
	P.O. Box 947							
	City	**Gruver**	**State**	**TX**	**ZIP**	**79040**	**ZIP + 4**	**0941**
35. E-Mail Address:								

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(806) 733-2424		**(806) 733-5038**

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:

40. Name:	Adolfo Garcia	**41. Title:**	Engineer

42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(806) 353-7233		(806) 353-7261	office@hpcetx.com

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 Gruver	**Job Title:**	City Manager
Name *(In Print):*	Johnnie Williams	**Phone:**	(806) 733- **2424**
Signature:	Johnnie Williams	**Date:**	6-6-2025

ATTACHMENT 2

Domestic Administrative Report 1.0
Supplemental Permit Information

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 Gruver

   Permit No. WQ00 10751001 EPA ID No. TX 0023604

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

   No physical address; located 0.6 miles west of State Highway 15 and 0.8 miles east of Highway 136, southeast of the City of Gruver in Hansford County.

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

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

First and Last Name: Johnnie Williams

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

Title: City Manager

Mailing Address: P.O. Box 947

City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 Ext.: Click here to enter text Fax No.: (806) 733-5038

E-mail Address: gruvercity1@yahoo.com

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

The property is owned by the applicant, the City of Gruver.

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.

Farwell Draw to Palo Duro Creek, in Segment No. 0100 of the Canadian River Basin

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

Access Road

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

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

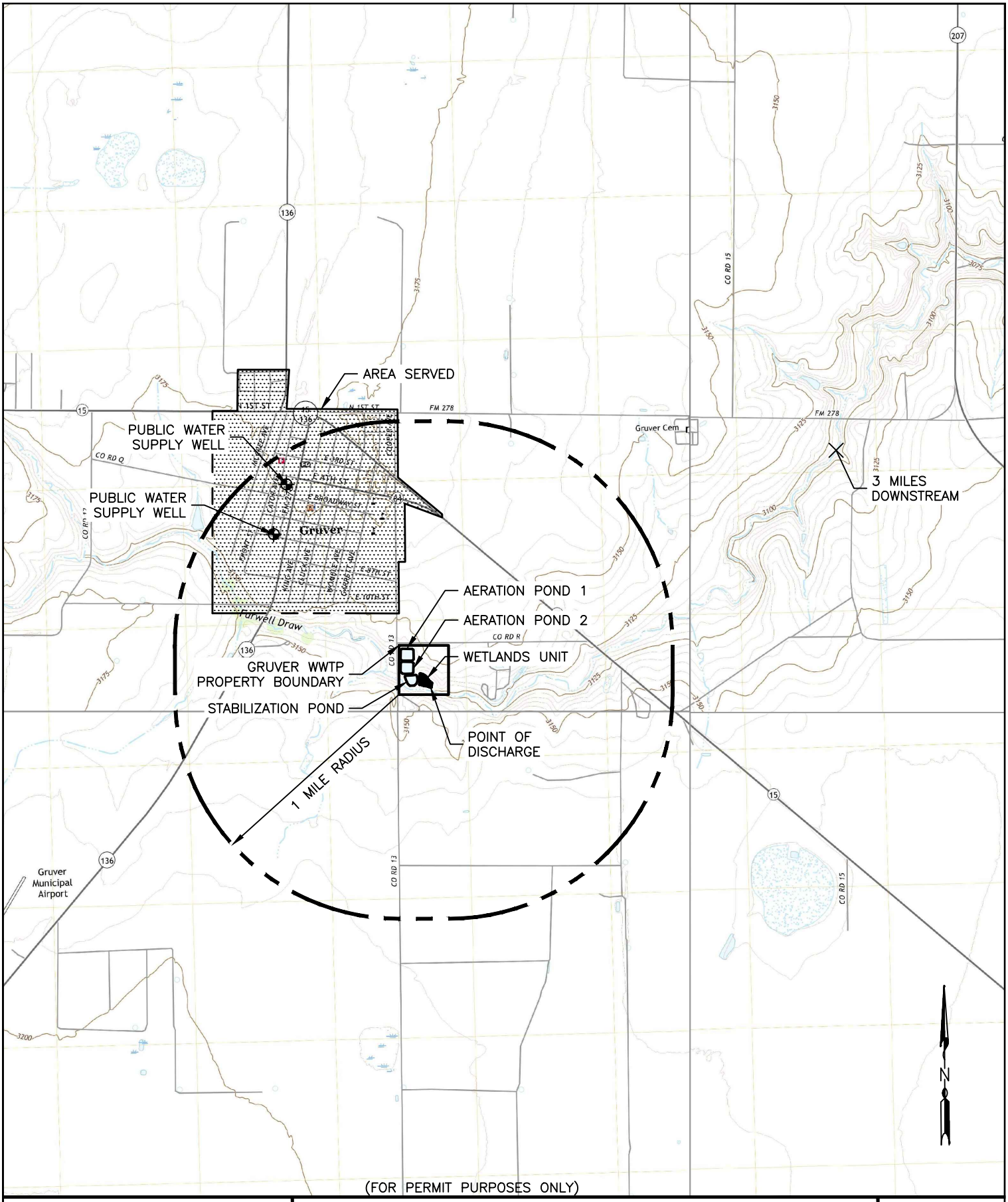
N/A

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

N/A

ATTACHMENT 3

Domestic Administrative Report 1.0
13. Attachments
Original USGS Map



HI-PLAINS CIVIL ENGINEERS
FIRM REGISTRATION NO. 4174
4537 CANYON DRIVE - AMARILLO, TEXAS 79110 - 806.353.7233

CITY OF GRUVER WWTP PERMIT RENEWAL
DOMESTIC ADMINISTRATIVE REPORT 1.0

USGS MAP

PROJ. NO. 82959 | DATE: APRIL 2025 | SCALE: 1"=2,000'

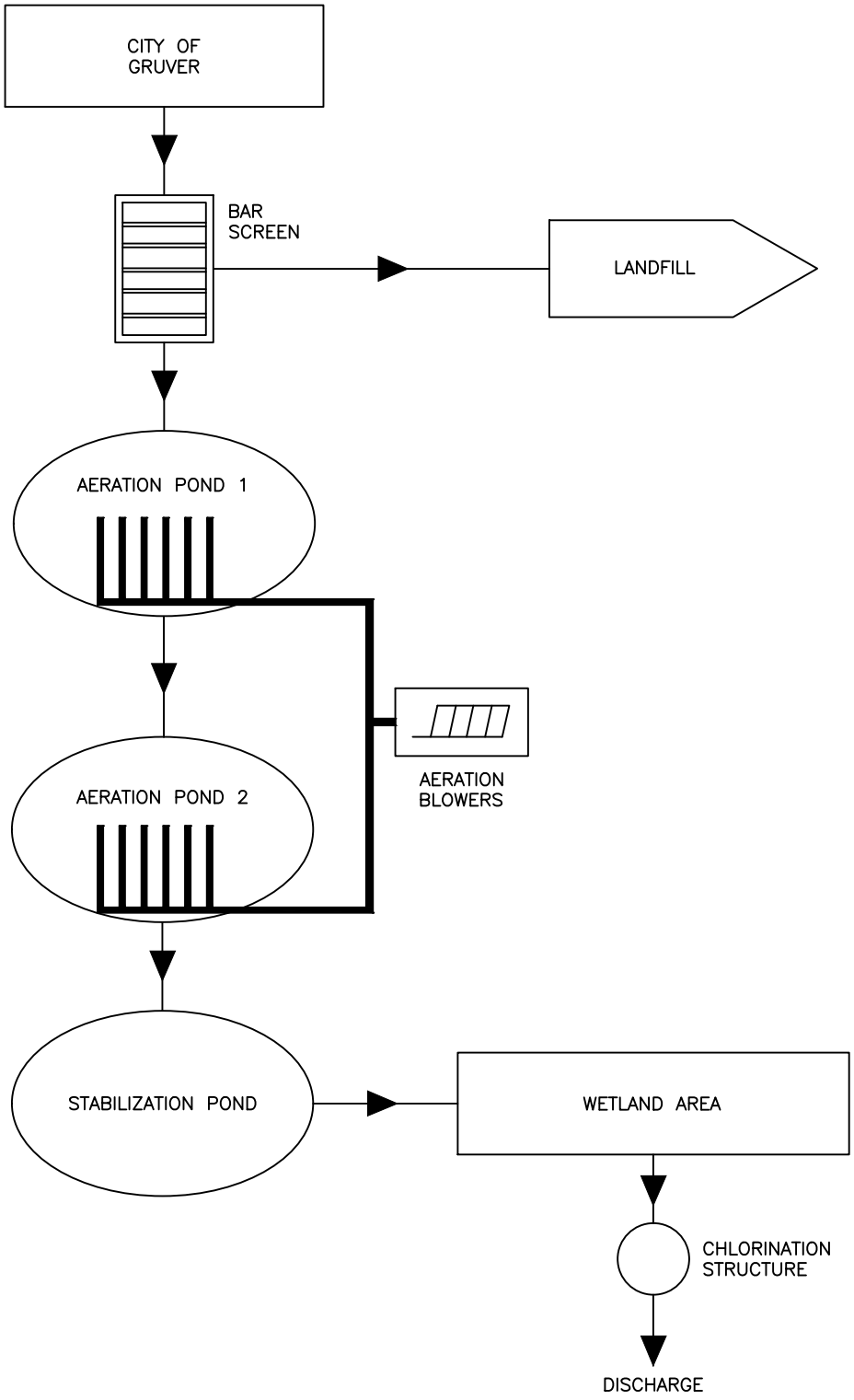
FIGURE:

#1

ATTACHMENT 4

Domestic Technical Report 1.0
2. Treatment Process
Item(c)Process Flow Diagram

CITY OF GRUVER
WASTEWATER TREATMENT FACILITY



(FOR PERMIT PURPOSES ONLY)

HI-PLAINS CIVIL ENGINEERS
FIRM REGISTRATION NO. 4174
4537 CANYON DRIVE - AMARILLO, TEXAS 79110 - 806.353.7233

CITY OF GRUVER WWTP PERMIT RENEWAL
DOMESTIC TECHNICAL REPORT 1.0

FLOW DIAGRAM

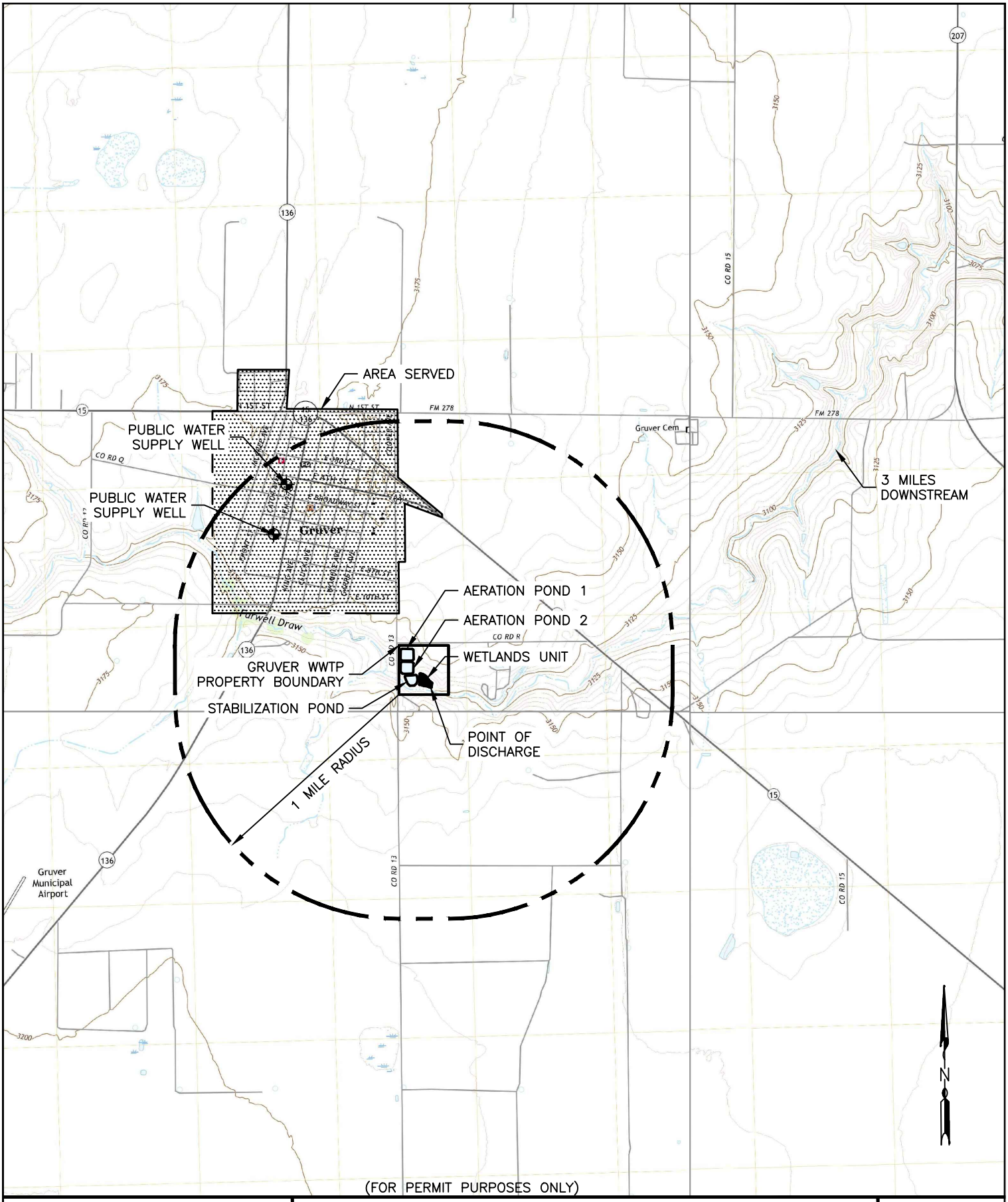
PROJ. NO. 82959 | DATE: APRIL 2025 | SCALE: N.T.S.

FIGURE:

#2

ATTACHMENT 5

Technical Report 1.0
3. Site Information and Drawing



HI-PLAINS CIVIL ENGINEERS
FIRM REGISTRATION NO. 4174
4537 CANYON DRIVE - AMARILLO, TEXAS 79110 - 806.353.7233

CITY OF GRUVER WWTP PERMIT RENEWAL
DOMESTIC TECHNICAL REPORT 1.0

SITE MAP

PROJ. NO. 82959 | DATE: APRIL 2025 | SCALE: 1"=2,000'

FIGURE:

#3

ATTACHMENT 6

Technical Report 1.0
8. Pollutant Analysis of Treated Effluent

This will be sent at a later time.

ATTACHMENT 7

Copy of Application Fee Check

This will be sent at a later time.

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600643431		RN 101920254

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy) 2/20/2025

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

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

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

City of Gruver

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
	17560044376	756004437	021933510

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:

City of Gruver
P.O. Box 947

City	Gruver	State	TX	ZIP	79040	ZIP + 4	0941

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(806) 733-2424		(806) 733-5038

SECTION III: Regulated Entity Information

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

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

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

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

City of Gruver Wastewater Treatment Plant

23. Street Address of the Regulated Entity: *(No PO Boxes)*								
	City		**State**		**ZIP**		**ZIP + 4**	
24. County	Hansford							

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

25. Description to Physical Location:	Located approximately 3,300 feet west of the intersection of State Highway 15 and County Road R, and approximately 4,200 feet southeast of the intersection of State Highway 136 and 10th St., southeast of the City of Gruver in Hansford County, Texas 79040				
26. Nearest City			**State**	**Nearest ZIP Code**	
Gruver			TX	79040	
Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).					
27. Latitude (N) In Decimal:	36.2543		**28. Longitude (W) In Decimal:**	101.3984	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
36	15	15.48	101	23	54.24

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

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

34. Mailing Address:	**City of Gruver**							
	P.O. Box 947							
	City	**Gruver**	**State**	**TX**	**ZIP**	**79040**	**ZIP + 4**	**0941**
35. E-Mail Address:								

36. Telephone Number	**37. Extension or Code**	**38. Fax Number** *(if applicable)*
(806) 733-2424		**(806) 733-5038**

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:	Adolfo Garcia	**41. Title:**	Engineer
42. Telephone Number	**43. Ext./Code**	**44. Fax Number**	**45. E-Mail Address**
(806) 353-7233		(806) 353-7261	office@hpcetx.com

SECTION V: Authorized Signature

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

Company:	City of Gruver	**Job Title:**	City Manager
Name *(In Print):*	Johnnie Williams	**Phone:**	(806) 733- 2424
Signature:		**Date:**	

ATTACHMENT 6

Technical Report 1.0
8. Pollutant Analysis of Treated Effluent

Gruver Renewal 6/4/25

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

Click to enter text.

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

Is the facility in operation?

☐ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
$CBOD_5$, mg/l	20	-	1	GRAB	6/04/25 10:20
Total Suspended Solids, mg/l	35	-	1	GRAB	6/04/25 10:20
Ammonia Nitrogen, mg/l	2.62	-	1	GRAB	6/04/25 10:20
Nitrate Nitrogen, mg/l	<0.40	-	1	GRAB	6/04/25 10:20

Total Kjeldahl Nitrogen, mg/l	15.8	-	1	GRAB	6/04/25 10:20
Sulfate, mg/l	70.4	-	1	GRAB	6/04/25 10:20
Chloride, mg/l	83.0	-	1	GRAB	6/04/25 10:20
Total Phosphorus, mg/l	5.58	-	1	GRAB	6/04/25 10:20
pH, standard units	8.0	-	1	GRAB	6/04/25 10:20
Dissolved Oxygen*, mg/l	5.4	-	1	GRAB	6/04/25 10:20
Chlorine Residual, mg/l	0.0	-	1	GRAB	6/04/25 10:20
E.coli (CFU/100ml) freshwater	687	-	1	GRAB	6/04/25 10:20
Entercocci (CFU/100ml) saltwater	-	-	-	-	-
Total Dissolved Solids, mg/l	690	-	1	GRAB	6/04/25 10:20
Electrical Conductivity, µmohs/cm, †	1110	-	1	GRAB	6/04/25 10:20
Oil & Grease, mg/l	<7	-	1	GRAB	6/04/25 10:20
Alkalinity ($CaCO_3$)*, mg/l	336	-	1	GRAB	6/04/25 10:20

*TPDES permits only
†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Click to enter text.

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

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

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

☐ Design flow>= 1 MGD

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Serissa Beck, EML

Title: General Manager

Signature: _____

Date: 6/23/25

ENVIRONMENTAL
MONITORING
LABORATORY , L.L.C

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

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL REPORT 25060530

For:

City of Gruver

201 E. Broadway St.
Gruver, Texas 79040

Sample Site: Renewal Analysis

Collected Date: 06/04/25

Lab Number: TX01547

Authorized for release by:
16-JUN-25

Lisa Soward, Data Manager

homeoffice@yourwaterlab.com

ENVIRONMENTAL MONITORING LABORATORY , L.L.C

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

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL RESULTS

Analytical Report: 25060530

Lab ID: 25060530-001
Client: City of Gruver
Sample Site: Renewal Analysis

Collected Date: 06/04/25 10:20
Received Date: 06/04/25 20:15
Report Date: 06/16/25

Matrix: Waste Water
Temp at Receipt: 4 °C
Sample Collector: GW

Analyte	Abbreviation	Method	TNI Cert	Date Analyzed	Result	Units
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	NP	06/09/25 10:18	2.62	mg/L
Carbonaceous BOD	CBOD	SM 5210/B	NP	06/05/25 08:04	20	mg/L
Total Suspended Solids	TSS	SM 2540/D	NP/P	06/09/25 11:20	35	mg/L
pH	SM4500-H	SM4500/H	N	06/04/25 10:20	8.0	SU
Nitrate as N	E300.0	E 300.0	NP/P	06/05/25 11:10	<0.400	mg/L
Dissolved Oxygen	DO	SM 4500-O	N	06/04/25 10:20	5.4	mg/L
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	NP	06/09/25 10:32	5.58	mg/L
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	NP	06/09/25 14:00	15.8	mg/L
Total dissolved solids	SM2540C	SM 2540/C	NP/P	06/09/25 15:32	690.0	mg/L
Sulfate	E300.0	E 300.0	NP/P	06/05/25 11:21	70.4	mg/L
Chloride	Cl-	SM 4500-Cl-/B	NP	06/05/25 14:30	83.0	mg/L
Chlorine	SM4500-CL	SM4500-CL	NP	06/04/25 10:20	0.0	mg/L
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	NP	06/11/25 09:44	<7.00	mg/L
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	NP	06/09/25 11:36	336	mg/L
Conductivity @ 25C	Cond	SM 2510/B	NP	06/05/25 15:08	1110	umhos/cm

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

Control #: 25060530

QUALITY ASSURANCE & QUALITY CONTROL

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control S.D.	CV%	REC.1%	REC.2%	MDL/PQL	Q
Nitrate as N	E300.0	E 300.0	mg/L					0.400 / 0.400	
Sulfate	E300.0	E 300.0	mg/L					1.00 / 1.80	
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	mg/L					1.50 / 5.00	
Chloride	Cl-	SM 4500-Cl-/B	mg/L	1.41	0.28	98.0	96.0	1.00 / 3.00	
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L	0.01	0.80	102.3	103.6	0.0300 / 0.100	
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	mg/L	0.24	1.87	95.5	92.1	0.0200 / 0.120	
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	mg/L	0.05	0.65	93.2	94.5	.02 / .05	
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	mg/L	1.49	1.40	98.6	102.5	7.00 / 7.00	
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD)
Carbonaceous Biochemical Oxygen Demand(CBOD)
Method: SM 5210/B

Results	Units	Description
0.1	mg/L	Blank 1 - CBOD
0.13	mg/L	Blank 2 - CBOD
0.11	mg/L	Blank 3 - CBOD
210	mg/L	G/GA Std 1 - CBOD
209	mg/L	G/GA Std 2 - CBOD
206	mg/L	G/GA Std 3 - CBOD
208	mg/L	**G/GA Average - CBOD**
0.7	mg/L	Seed Corr/mL - CBOD
0.72	mg/L	Seed Corr/mL - CBOD
0.73	mg/L	Seed Corr/mL - CBOD
0.72	mg/L	**Seed Corr Average - CBOD**

Dissolved Oxygen
Method: SM 4500-O*/G

Results	Units	Description
8.88	mg/L	Set Up Calibration
8.88	mg/L	Read Off Calibration
20	°C	Set Up Temperature
20	°C	Read Off Temperature
759	mm Hg	Set Up Barometer
759	mm Hg	Read Off Barometer

Fecal Coliform
Method: SM9222 /D MF

Results	Units	Description
	CFU/100ml	Pre Blank
	CFU/100ml	Post Blank

TDS by SM2540/C

Results	Units	Description
0	mg/L	Blank

E. coli By IDEXX Colilert (enumeration)

MPN/100 mL

Total Suspended Solids (TSS, MLSS)
Method: 2540/D

Results	Units	Description
0.1	mg/L	Blank 1
0.2	mg/L	Blank 2
0.2	mg/L	Blank 3
2.9	%	Relative % Difference
4.79	%	Relative % Difference
0	%	Relative % Difference
1.34	%	Relative % Difference
3.21	%	Relative % Difference
1.65	%	Relative % Difference
3.91	%	Relative % Difference

Conductivity @ 25° C
Method: SM2510/B
Standards ran for each analytical batch.

Results	Units	Description
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard

Report Out Date: 06/16/2025

Lisa Soward
Data Manager

Final 1.000

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method SM 5210/B

Matrix Waste Water

Batch Number 81534

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81534-1-BKS01	Carbonaceous BOD	210 mg/L		198 mg/L	106%	85-115%		0-25%	
81534-2-BKS02	Carbonaceous BOD	209 mg/L		198 mg/L	106%	85-115%		0-25%	
81534-3-BKS03	Carbonaceous BOD	206 mg/L		198 mg/L	104%	85-115%		0-25%	
81534-4-BKS04	Carbonaceous BOD	208 mg/L		198 mg/L	105%	85-115%		0-25%	
81534-1-BLK01	Carbonaceous BOD	0.100 mg/L			0%	85-115%		0-25%	
81534-2-BLK02	Carbonaceous BOD	0.130 mg/L			0%	85-115%		0-25%	
81534-3-BLK03	Carbonaceous BOD	0.110 mg/L			0%	85-115%		0-25%	

Standard Method E 300.0

Matrix Waste Water

Batch Number 81546

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81546-1-LCS	Nitrate as N	8.00 mg/L		8.00 mg/L	100%	90-110%		0-20%	
81546-1-LCSD	Nitrate as N	7.89 mg/L		8.00 mg/L	99%	90-110%	1%	0-20%	
81546-1-UNS	Nitrate as N	0.180 mg/L			0%	90-110%		0-20%	
25060501-001 S	Nitrate as N	8.16 mg/L	0.180 mg/L	8.00 mg/L	100 %	80-120%		0-20%	
25060501-001 SD	Nitrate as N	8.15 mg/L	0.180 mg/L	8.00 mg/L	100 %	80-120%	0%	0-20%	

Standard Method E 300.0

Matrix Waste Water

Batch Number 81547

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81547-1-LCS	Sulfate	14.6 mg/L		15.0 mg/L	97%	90-110%		0-20%	
81547-1-LCSD	Sulfate	14.5 mg/L		15.0 mg/L	97%	90-110%	1%	0-20%	
81547-1-UNS	Sulfate	6.32 mg/L			0%	90-110%		0-20%	
25060501-001 S	Sulfate	21.2 mg/L	6.32 mg/L	15.0 mg/L	99 %	80-120%		0-20%	
25060501-001 SD	Sulfate	21.1 mg/L	6.32 mg/L	15.0 mg/L	99 %	80-120%	0%	0-20%	

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method SM 2540/D

Matrix Waste Water

Batch Number 81599

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81599-1-MB	Total Suspended Solids	0.1000 mg/L			0%	80-120%		0-10%	
81599-2-MB	Total Suspended Solids	0.2000 mg/L			0%	80-120%		0-10%	
81599-3-MB	Total Suspended Solids	0.2000 mg/L			0%	80-120%		0-10%	

Standard Method SM 2540/C

Matrix Waste Water

Batch Number 81601

Sample ID	Parameter	Result	Ref. Value	Spike Conc.	Per. Rec.	Rec. Limits	RPD	RPD Limits	Flags
81601-1-MB	Total dissolved solids	< mg/L			0%	80-120%		0-10%	

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

Purchase Order / Chain of Custody

Panhandle Division
13260 South US Hwy 287 Amarillo, Texas 79118
Office: 806-335-9393 Emergency: 806-786-0612

Southwest Division
811 E. Young Street Llano, Texas 78643
Office: 325-247-3295 Emergency: 254-582-2622

East Texas Division
14295 S.H. 155 North Winona, Texas 75792
Office: 903-877-9222 Emergency: 817-357-6535

Coastal Division
34 East Ave., Schulenburg, Texas 78956
Office: 979-743-7010 Emergency: 254-221-3201

Report To: City of Gruver	Report To: (Buyer)
Company: City of Gruver	Purchase Order #:
City of Gruver 201 E. Broadway St. Gruver, TX 79040	Address:
Phone: Fax:	Phone: Fax:
Project Name:	Quote #:
Project Location: WWTP	City, State:
Date Due: Rush: 0% 25% 50% 100%	Sampler: (Please Print) Gregory Willis

25060530

CL2 0.0

Lab#	Client Sample ID	Matrix	Date	Time	*Pres. Code	‡ Bottle Code	CBOD / BOD	TSS, TDS	pH 7.98	DO 5.40	NH3N (pH<2.0, H_2SO_4) SM4500-NH3 D or G unless specified TKN, TOT PHOS	FECAL COLIFORM / E.COLI (Sterile)	MLSS	ALKALINITY, CHLORIDE, CONDUCTIVITY	OIL & GREASE	NITRATE, SULFATE		Sample Remarks
2501005 30	1.Renewal Analysis	WW	6-4-25	1020	1	1	X	X	X	X								
	2.				2	1					X							
	3.				1	1								X				
	4.				2	2									X			
	5.				1	1										X		
	6.																	
	7.																	
	8.																	
	9.																	
	10.																	

Relinquished By:	Date	Time	Received By:	Date	Time
1.	6-4-25	1200	1. Pam WO	6/4/25	1200
2. Pam WO	6/4/25	2015	2. Fridge	6/9/25	7:15
3.			3.		
4.			4.		

COOLER ID: BR467
Ice: (YES) NO
Temperature: 4

* Preservation Codes: 1. None 2. Sulfuric 3. Nitric 4. NaOH + ZnAc 5. NaOH 6. Sterile + Thiosulfate

‡ Bottle Codes: 1. Plastic 2. Glass + Tef. 3. 40 ml VOA

Complete sample information is vital for proper login and reporting. EML may need to subcontract some analyses due to equipment or procedural limitations.

Check us out on the web: http://www.yourwaterlab.com **Email us at: homeoffice@yourwaterlab.com**

Revised 11/2024

ENVIRONMENTAL MONITORING LABORATORY , L.L.C

Panhandle Division
13260 South Highway 287
Amarillo, TX 79118-7005
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL REPORT 25060542

For:

City of Gruver

201 E. Broadway St.
Gruver, Texas 79040

Sample Site: Renewal Analysis

Collected Date: 06/04/25

Lab Number: TX01547

Serissa R Beck

Authorized for release by:
09-JUN-25

Serissa Beck, Assistant General Manager

homeoffice@yourwaterlab.com

ENVIRONMENTAL MONITORING LABORATORY , L.L.C

Panhandle Division
13260 South Highway 287
Amarillo, TX 79118-7005
Phone: 254-582-2622

BIOLOGICAL & CHEMICAL ANALYSIS / UTILITIES MANAGEMENT & OPERATION / WATERWELL DRILLING & SERVICE / GEOLOGICAL INVESTIGATION

ANALYTICAL RESULTS

Analytical Report: 25060542

Lab ID: 25060542-001
Client: City of Gruver
Sample Site: Renewal Analysis

Collected Date: 06/04/25 10:20
Received Date: 06/04/25 12:00
Report Date: 06/09/25

Matrix: Waste Water
Temp at Receipt: 7.3 °C
Sample Collector: GW

Analyte	Abbreviation	Method	TNI Cert	Date Analyzed	Result	Units
E. coli	*E. coli*	IDEXX Colilert	NP	06/04/25 12:01	687	MPN/100 mL

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

Control #: 25060542

QUALITY ASSURANCE & QUALITY CONTROL

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control S.D.	CV%	REC.1%	REC.2%	MDL/PQL	Q
Chloride	Cl-	SM 4500-Cl-/B	mg/L						
Alkalinity	ALK	SM 2320/B	mg/L						
Total Phosphorus	T.PHOS.	SM 4500-P/E	mg/L						
Total Kjeldahl Nitrogen	TKN	SM 4500-NH3/D	mg/L						
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L						
Oil & Grease	O&G	SM 5520/B	mg/L						
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

Biochemical Oxygen Demand(BOD)
Carbonaceous Biochemical Oxygen Demand(CBOD)
Method: SM 5210/B

Results	Units	Description

Dissolved Oxygen
Method: SM 4500-O*/G

Results	Units	Description
	mg/L	Set Up Calibration
	mg/L	Read Off Calibration
	°C	Set Up Temperature
	°C	Read Off Temperature
	mm Hg	Set Up Barometer
	mm Hg	Read Off Barometer

Fecal Coliform
Method: SM9222 /D MF

Results	Units	Description
	CFU/100ml	Pre Blank
	CFU/100ml	Post Blank

TDS by SM2540/C

Results	Units	Description
	mg/L	Blank

E. coli By IDEXX Colilert (enumeration)

MPN/100 mL

Total Suspended Solids (TSS, MLSS)
Method: 2540/D

Results	Units	Description

Conductivity @ 25° C
Method: SM2510/B
Standards ran for each analytical batch.

Results	Units	Description
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard
	umhos/cm	Conductivity Standard

Report Out Date: 06/09/2025

Serissa R Beck

Serissa Beck
Assistant General Manager

Final 1.000

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

Purchase Order / Chain of Custody

Panhandle Division
13260 South US Hwy 287 Amarillo, Texas 79118
Office: 806-335-9393 Emergency: 806-786-0612

Southwest Division
811 E. Young Street Llano, Texas 78643
Office: 325-247-3295 Emergency: 254-582-2622

East Texas Division
14295 S.H. 155 North Winona, Texas 75792
Office: 903-877-9222 Emergency: 817-357-6535

Coastal Division
34 East Ave., Schulenburg, Texas 78956
Office: 979-743-7010 Emergency: 254-221-3201

Report To: City of Gruver	Report To: (Buyer)
Company: City of Gruver	Purchase Order #:
City of Gruver 201 E. Broadway St. Gruver, TX 79040	Address:
Phone: Fax:	Phone: Fax:
Project Name:	Quote #:
Project Location: WWTP	City, State:
Date Due: Rush: 0% 25% 50% 100%	Sampler: (Please Print) Gregory Willis

25060542

Lab#	Client Sample ID	Matrix	Date	Time	*Pres. Code	‡ Bottle Code	CBOD / BOD	TSS, TDS	pH	DO	NH3N (pH<2.0, H_2SO_4) SM4500-NH3 D or G unless specified TKN, TOT PHOS	FECAL COLIFORM / E.COLI (Sterile)	MLSS	ALKALINITY, CHLORIDE, CONDUCT	OIL & GREASE	NITRATE, SULFATE		Sample Remarks
25060542	1.Renewal Analysis	WW	6-4-25	1020	6	1						X						
	2.																	
	3.																	
	4.																	
	5.																	
	6.																	
	7.																	
	8.																	
	9.																	
	10.																	

ANALYSES REQUESTED

NOTES:

Analyzed in Amarillo Location of Environmental Monitoring Laboratory, LLC 13260 South US Highway 287 Amarillo, TX 79118-7005

Relinquished By:	Date	Time	Received By:	Date	Time
1.	6-4-25	1200	1. Audrey Craig	06/04/25	1200
2.			2.		
3.			3.		
4.			4.		

COOLER ID: #1004
Ice: YES NO
Temperature: 7.3

* Preservation Codes: 1. None 2. Sulfuric 3. Nitric 4. NaOH + ZnAc 5. NaOH 6. Sterile + Thiosulfate

‡ Bottle Codes: 1. Plastic 2. Glass + Tef. 3. 40 ml VOA

Complete sample information is vital for proper login and reporting. EML may need to subcontract some analyses due to equipment or procedural limitations.

Check us out on the web: http://www.yourwaterlab.com

Email us at: homeoffice@yourwaterlab.com

Revised 11/2024

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Gruver

PERMIT NUMBER (If new, leave blank): WQ001075001

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

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

For TCEQ Use Only

Segment Number _____County _____

Expiration Date _____Region_____
Permit Number _____

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

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

Check/Money Order Amount: Click to enter text.

Name Printed on Check: Click to enter text.

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

☒ Publicly Owned Domestic Wastewater

☐ Privately-Owned Domestic Wastewater

☐ Conventional Water Treatment

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

☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

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

f. For existing permits:

Permit Number: WQ001075001

EPA I.D. (TPDES only): TX 0023604

Expiration Date: Click to enter text.

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

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

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

City of Gruver

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

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

CN: 600643431

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

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

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

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

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr. Last Name, First Name: Garcia, Adolfo

Title: Civil Engineer Credential: P.E.

Organization Name: Hi-Plains Civil Engineers

Mailing Address: 4537 Canyon Drive City, State, Zip Code: Amarillo, TX 79110

Phone No.: (806) 353-7233 E-mail Address: office@hpcetx.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

B. Prefix: Mrs. Last Name, First Name: Cuccaro, Melissa

Title: Public Works Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (817) 703 - 4158 E-mail Address: gruvercity1@yahoo.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

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

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

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr. Last Name, First Name: Williams, Johnnie

Title: City Manager Credential: Click to enter text.

Organization Name: City of Gruver

Mailing Address: P.O. Box 947 City, State, Zip Code: Gruver, TX 79040

Phone No.: (806) 733-2424 E-mail Address: gruvercity1@yahoo.com

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: City Secretary's Office

Physical Address of Building: 201 E Broadway

City: Gruver County: Hansford

Contact (Last Name, First Name): Williams, Johnnie

Phone No.: (806) 733-2424 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

F. Summary of Application in Plain Language Template

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

Attachment: Attachment 8

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN**101920254

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

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

City of Gruver Wastewater Treatment Plant

C. Owner of treatment facility: City of Gruver

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

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

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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

Attachment: Click to enter text.

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

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

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

Organization Name: Click to enter text.

Mailing Address: Click to enter text. City, State, Zip Code: Click to enter text.

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

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): City of Gruver

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

N/A

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010751001

Applicant: City of Gruver

Certification:

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

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

Signatory name (typed or printed): Johnnie Williams

Signatory title: City Manager

Signature:_____ Date:_____

(Use blue ink)

Subscribed and Sworn to before me by the said_____

on this_____ day of_____, 20_____.

My commission expires on the_____ day of_____, 20_____.

_____

Notary Public *[SEAL]*

_____

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:

- ☐ The applicant's property boundaries
- ☐ The facility site boundaries within the applicant's property boundaries
- ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
- ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
- ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
- ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
- ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
- ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
- ☐ The property boundaries of all landowners surrounding the effluent disposal site
- ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
- ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located

B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.

C. ☐ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses: Click to enter text.

E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?

☐ Yes ☐ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

- ☐ Ownership
- ☐ Restrictive easement
- ☐ Nuisance odor control
- ☐ Variance

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

☐ Yes ☐ No

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: **No. 2**

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No:** WQ0010751001

1. Check or Money Order Number: Click to enter text.
2. Check or Money Order Amount: Click to enter text.
3. Date of Check or Money Order: Click to enter text.
4. Name on Check or Money Order: Click to enter text.
5. APPLICATION INFORMATION

   Name of Project or Site: City of Gruver Wastewater Treatment Plant

   Physical Address of Project or Site: approximately 3,300 feet west of the intersection of State Highway 15 and County Road R, and approximately 4,200 feet southeast of the intersection of State Highway 136 and 10th St., southeast of the City of Gruver in Hansford County, Texas 79040

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

Prefix (Mr., Ms., Miss): Click to enter text.

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

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

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

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

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

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

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

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

Summary of Application (in Plain Language) ☐ Yes

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

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

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

☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	**3. Regulated Entity Reference Number** *(if issued)*
CN 600643431		**RN 101920254**

SECTION II: Customer Information

4. General Customer Information	**5. Effective Date for Customer Information Updates** (mm/dd/yyyy)	2/20/2025

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

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

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

City of Gruver

7. TX SOS/CPA Filing Number	**8. TX State Tax ID** (11 digits)	**9. Federal Tax ID** (9 digits)	**10. DUNS Number** *(if applicable)*
	17560044376	756004437	021933510

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
☐ Occupational Licensee ☐ Responsible Party ☐ VCP/BSA Applicant ☐ Other:

15. Mailing Address:	City of Gruver							
	P.O. Box 947							
	City	Gruver	**State**	TX	**ZIP**	79040	**ZIP + 4**	0941

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(806) 733-2424		(806) 733-5038

SECTION III: Regulated Entity Information

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

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

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

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

City of Gruver Wastewater Treatment Plant

23. Street Address of the Regulated Entity: ***(No PO Boxes)***							
	City		**State**		**ZIP**		**ZIP + 4**	
24. County	Hansford						

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

25. Description to Physical Location:	Located approximately 3,300 feet west of the intersection of State Highway 15 and County Road R, and approximately 4,200 feet southeast of the intersection of State Highway 136 and 10th St., southeast of the City of Gruver in Hansford County, Texas 79040

26. Nearest City	State	Nearest ZIP Code
Gruver	TX	79040

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

27. Latitude (N) In Decimal:	36.2543		28. Longitude (W) In Decimal:	101.3984	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
36	15	15.48	101	23	54.24

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

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

34. Mailing Address:	**City of Gruver**
	P.O. Box 947

	City	Gruver	State	TX	ZIP	79040	ZIP + 4	0941

35. E-Mail Address:	

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(806) 733-2424		**(806) 733-5038**

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:	Adolfo Garcia	41. Title:	Engineer

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(806) 353-7233		(806) 353-7261	office@hpcetx.com

SECTION V: Authorized Signature

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

Company:	City of Gruver	Job Title:	City Manager	
Name *(In Print):*	Johnnie Williams		Phone:	(806) 733- **2424**
Signature:			Date:	