



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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**PLAIN LANGUAGE SUMMARY FOR TPDES OR
TLAP PERMIT APPLICATIONS**

DOMESTIC WASTEWATER/STORMWATER

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

Jim Hogg County Water Control and Improvement District No.2 (CN600682348) operates Jim Hogg County Water Control and Improvement District No.2 Wastewater Treatment Facility (RN101523512), an Activated Sludge - Extended Aeration plant. The facility is located at approximately 3,700 feet east of the intersection of S.H. 285 at FM 1017 on the north side of S.H. 285 east of Hebbronville, in Jim Hogg, _ County, Texas 78361. This application is for a renewal to discharge treated domestic wastewater at a daily average flow not to exceed 796,000 Gallons per Day via outfall to Noriecitaz Creek.

Discharges from the facility are expected to contain five day Caronaceous Biochemical Oxygen Demand (CBOD₅), Total Suspended Solids (TSS), Ammonia Nitrogen (NH₃-N), and E. coli. Domestic Wastewater is treated by Activated Sludge-Extended aeration: Effluent enters through a mechanical screen to a lift station & lifted to aeration basin. MLSS flows by gravity to the clarifier. Sludge pumps return sludge from clarifier to aeration basin or is wasted to sludge beds. Clear effluent from clarifier flows by gravity to UV for disinfection, to parshall flume then to point of discharge.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010799001

APPLICATION. Jim Hogg County Water Control Improvemnet District No. 2, P.O. Box 148, Hebbronville, Texas 78361, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010799001 (EPA I.D. No. TX0101826) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 796,000 gallons per day. The domestic wastewater treatment facility is located approximately 3,700 feet east of the intersection of Farm-to-Market Road 1017 and State Highway 285, near the city of Hebbronville, in Jim Hogg County, Texas 78361. The discharge route is from the plant site to Noriacitas Creek; thence to an unnamed impoundment; thence to Palo Blanco Creek; thence to Laguna Madre. TCEQ received this application on November 26, 2024. The permit application will be available for viewing and copying at Jim Hogg County WCID No. 2, 481 Old Cemetery Road, Hebbronville, in Jim Hogg 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=-98.653888,27.297777&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 Jim Hogg County Water Control Improvement District No. 2 at the address stated above or by calling Ms. Leticia Tolentino, Office Manager, at 361-527-3287 Extension 3 & 3.

Issuance Date: December 5, 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Jim Hogg County Water Control and Improvement District No. 2

PERMIT NUMBER (If new, leave blank): WQ00 10799-001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 78849
Check/Money Order Amount: \$1,615.00
Name Printed on Check: Jim Hogg County Water Control and Improvements District No. 2

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

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

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: N/A

f. For existing permits:

Permit Number: WQ00 10799-001

EPA I.D. (TPDES only): TX 0101826

Expiration Date: May 26, 2025

Section 3. Facility Owner (Applicant) and Co-Applclicant 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?

Jim Hogg County Water Control and Improvement District No. 2

(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: 600682348

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: Cantu, Santos

Title: President

Credential: N/A

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Ms. Last Name, First Name: Tolentino, Leticia
Title: Office Manager Credential: N/A
Organization Name: Jim Hogg County WC & ID No. 2
Mailing Address: P.O Box 148 City, State, Zip Code: Hebbronville, TX 78361
Phone No.: 361-527-3287 Ext. 3 E-mail Address: 361-527-340
Check one or both: ☒ Administrative Contact ☐ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Garcia Jr., Raul
Title: Engineer Credential: P.E.
Organization Name: Garcia & Wright Consulting Engineers, Inc.
Mailing Address: 407 W. Rhapsody City, State, Zip Code: San Antonio, TX, 78216
Phone No.: 210-349-5253 E-mail Address: rgarciajr@garciawright.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: Cantu, Santos
Title: President Credential: N/A
Organization Name: Jim Hogg County WC & ID NO. 2
Mailing Address: P.O. Box 148 City, State, Zip Code: Hebbronville, TX 78361
Phone No.: 361-527-3287 E-mail Address: santos@jhcwcid2.com

B. Prefix: Ms. Last Name, First Name: Tolentino, Leticia
Title: Office Manager Credential: N/A
Organization Name: Jim Hogg County WC & ID No. 2
Mailing Address: P.O. Box 148 City, State, Zip Code: Hebbronville, TX, 78361
Phone No.: 361-527-3287 Ext. 3 E-mail Address: leti@jhcwcid2.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: Ms. Last Name, First Name: Tolentino, Leticia
Title: Office Manager Credential: N/A
Organization Name: Jim Hogg County WC & ID No. 2
Mailing Address: P.O. Box 148 City, State, Zip Code: Hebbronville, TX 78361
Phone No.: 361-527-3287 Ext. 3 & 3 E-mail Address: leti@jhcwcid2.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: Mr. Last Name, First Name: Barraz, Tony
Title: Plant Operator Credential: N/A
Organization Name: Jim Hogg County WC & ID No. 2
Mailing Address: P.O. Box 148 City, State, Zip Code: Hebbronville, TX, 78361
Phone No.: 361-527-3287 E-mail Address: tommybarrazjr@gmail.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Tolentino, Leticia
Title: Office Manager Credential: N/A
Organization Name: Jim Hogg County WC & ID No. 2
Mailing Address: P.O. Box 148 City, State, Zip Code: Hebbronville, TX 78361
Phone No.: 361-527-3287 Ext. 3 & 3 E-mail Address: leti@jhcwcid2.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: Ms. Last Name, First Name: Tolentino, Leticia
Title: Office Manager Credential: N/A
Organization Name: Jim Hogg County WC & ID No. 2
Mailing Address: P.O. Box 148 City, State, Zip Code: Hebbronville, TX 78361
Phone No.: 361-527-3287 Ext. 3 & 3 E-mail Address: leti@jhcwcid2.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: Jim Hogg County WC & ID No. 2
Location within the building: Reception Area
Physical Address of Building: 481 Old Cemetery Road
City: Hebbronville County: Jim Hogg
Contact (Last Name, First Name): Tolentino, Leticia
Phone No.: 361-527-3287 Ext.: 3 & 3

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? N/A

F. Plain Language Summary Template

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

Attachment: Attached

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN 101523512

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):

Jim Hogg County WC & ID No. 2 Wastewater Treatment Plant

C. Owner of treatment facility: Jim Hogg County WC & ID NO. 2

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

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

Organization Name: N/A

Mailing Address: N/A

City, State, Zip Code: N/A

Phone No.: N/A

E-mail Address: N/A

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

Attachment: N/A

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

N/A

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:

N/A

City nearest the outfall(s): Hebbronville

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

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

☐ Yes ☒ No

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

- ☐ Authorization granted ☐ Authorization pending

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

Attachment: N/A

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

N/A

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

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

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

N/A

- E. For **TLAPs**, please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: N/A

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: N/A

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: N/A

Amount past due: N/A

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: N/A

Amount past due: N/A

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:

Administrative Report –

Attachment 1 USGS map Section 13, P. 10 of 17;

Attachment No. 2 USGS map SPIF P. 2 of 3;

Domestic Technical Report 1.0 –

Attachment 3 Process Flow Diagram Section 2, P. 2 of 66;

Attachment No. 4 Site Drawing Section 3, P. 3 of 66;

Attachment No. 5 Chemical Analysis Section 7 P. 6 of 66.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: 10799-001

Applicant: Jim Hogg County Water Control and Improvement District No. 2

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.

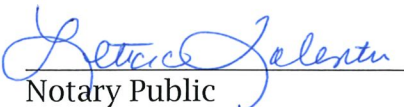
I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

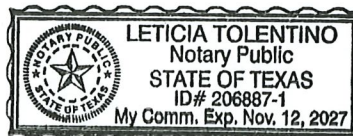
Signatory name (typed or printed): Santos E. Cantu

Signatory title: President

Signature:  Date: 11/18/24
(Use blue ink)

Subscribed and Sworn to before me by the said Santos E. Cantu
on this 18th day of November, 20 24.
My commission expires on the 12th day of November, 20 27.


Notary Public



[SEAL]

Jim Hogg
County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: Attached



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600682348		RN 101523512

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		10/09/24	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
Jim Hogg County Water Control and Improvement District No. 2				N/A	
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
N/A		N/A		74-1530482	964968564
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input checked="" type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input checked="" type="checkbox"/> Other: Water District	
12. Number of Employees				13. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:	Jim Hogg County WC & ID NO. 2				
	P.O. Box 148				
	City	Hebbronville	State	TX	ZIP 78361 ZIP + 4 N/A
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
N/A				leti@jhcwcid2.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	
(361) 527-3287		3 & 3		(361) 527-3420	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)								
Jim Hogg County Water Control and Improvement District No. 2								
23. Street Address of the Regulated Entity: (No PO Boxes)	Jim Hogg County WC & ID NO. 2							
	481 Old Cemetery Road							
	City	Hebbronville	State	TX	ZIP	78361	ZIP + 4	N/A
24. County	Jim Hogg							
If no Street Address is provided, fields 25-28 are required.								
25. Description to Physical Location:	Approximately 3,700 feet east of the intersection of S.H. 285 and FM 1017 on the north side of S.H. 28 east of Hebbronville, Jim Hogg County, TX 78361							
26. Nearest City					State	Nearest ZIP Code		
Hebbronville					TX		78361	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		29.2978			28. Longitude (W) In Decimal:		98.6539	
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds		
27	17	52		98	39	14		
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		N/A		22132		22132		
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)								
Water and Sanitary Sewer								
34. Mailing Address:	Jim Hogg County WC & ID NO. 2							
	P.O. Box 148							
	City	Hebbronville	State	TX	ZIP	78361	ZIP + 4	N/A
35. E-Mail Address:	leti@jhcwcid2.com							
36. Telephone Number			37. Extension or Code			38. Fax Number (if applicable)		
(361) 527-3287			3 & 3			(361) 527-3420		

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

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS

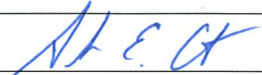
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Raul H. Garcia, Jr.			41. Title:	Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(210) 349-5253	N/A	(210) 349-0715	rgarciajr@garciawright.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:	Jim Hogg County WC & ID NO. 2		Job Title:	President	
Name (In Print):	Santos E. Cantu			Phone:	(361) 701- 2794
Signature:				Date:	11/18/24

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: Jim Hogg County Water Control and Improvement District No. 2

Permit No. WQ00 10799-001

EPA ID No. TX 0101826

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

Located approximately 3,700 feet east of the intersection of S. H. 285 at FM 1017 on the north side of S.H. 285 east of Hebbronville, Jim Hog County, Texas 78361

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

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

First and Last Name: Leticia Tolentino

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

Title: Office Manager

Mailing Address: P.O. Box 148

City, State, Zip Code: Hebbronville, TX 78361

Phone No.: 361-527-3287 Ext.: 3 & 3 Fax No.: 361-527-3420

E-mail Address: leti@jhcwcid2.com

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

N/A

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

From the point of discharge to Noriecity Creek; thence to Pal Blanco Creek; thence to undefined drainage paths; thence to Laguna Madre in Segment 2491

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):

Existing Facilities - No Construction Impact

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

Existing Facilities - No disturbance to vegetation and land use

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

DOMESTIC WASTEWATER/STORMWATER

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

Jim Hogg County Water Control and Improvement District No.2 (CN600682348) operates Jim Hogg County Water Control and Improvement District No.2 Wastewater Treatment Facility (RN101523512), an Activated Sludge - Extended Aeration plant. The facility is located at approximately 3,700 feet east of the intersection of S.H. 285 at FM 1017 on the north side of S.H. 285 east of Hebbronville, in Jim Hogg, _ County, Texas 78361. This application is for a renewal to discharge treated domestic wastewater at a daily average flow not to exceed 796,000 Gallons per Day via outfall to Noriecity Creek .

Discharges from the facility are expected to contain five day Caronaceous Biochemical Oxygen Demand (CBOD₅), Total Suspended Solids (TSS), Ammonia Nitrogen (NH₃-N), and E. coli. Domestic Wastewater is treated by Activated Sludge-Extended aeration: Effluent enters through a mechanical screen to a lift station & lifted to aeration basin. MLSS flows by gravity to the clarifier. Sludge pumps return sludge from clarifier to aeration basin or is wasted to sludge beds. Clear effluent from clarifier flows by gravity to UV for disinfection, to parshall flume then to point of discharge.



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 43)

A. Existing/Interim I Phase

Design Flow (MGD): 0.796

2-Hr Peak Flow (MGD): 2.55

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): 0.796

2-Hr Peak Flow (MGD): 2.55

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

D. Current Operating Phase

Provide the startup date of the facility: 10/16/1997

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

Activated Sludge-Extended aeration: Effluent enters through a mechanical screen to a lift station & lifted to aeration basin. MLSS flows by gravity to the clarifier. Sludge pumps return sludge from clarifier to aeration basin or is wasted to sludge beds. Clear effluent from clarifier flows by gravity to UV for disinfection, to parshall flume then to point of discharge.

B. Treatment Units

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

Table 1.0(1) - Treatment Units

Treatment Unit Type	Number of Units	Dimensions (L x W x D)
Lift Station	1	12'-0" x 6'-0" x 19'-0"
Mechanical Screen	1	30'-9¼" x 3'-2" x 3'-6"
Aeration Basin	1	106'-7" x 84'-4" x 9'-0"
Final Clarifier	1	50'-0" x ID x 12'-2" SWD
UV Chamber	1	33'-6" X 2'-0" X 4'-0"
Sludge Beds	6	73'-3" x 34'-6" x 2'-6"
Parshall Flume	1	20'-0" x 1'-10 5/8" x 6'-8"

C. Process Flow Diagram

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

Attachment: No. 3 Process Flow Diagram

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

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

- Latitude: 27° 17' 52"
- Longitude: 98° 39' 00"

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. 4 Site Drawing

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

Hebbronville, Texas CCN

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
Hebbronville, Tx CCN	Jim Hogg County WC&ID No.2	Publicly Owned	5,397
		Choose an item.	
		Choose an item.	
		Choose an item.	

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

N/A

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☒ Yes ☐ No

If **yes**, provide the date(s) of approval for each phase: 3/8/1995

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

N/A

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

None Noted

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*.

N/A

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.

N/A

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.

N/A

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.

N/A

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☐ No

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

TXR05 N/A or TXRNE N/A

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

☐ Yes ☐ No

3. Conditional exclusion

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

☐ Yes ☐ No

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

N/A

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.

N/A

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.

N/A

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.

N/A

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.
N/A

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

N/A

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

N/A

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.

N/A

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					
Total Suspended Solids, mg/l					
Ammonia Nitrogen, mg/l					
Nitrate Nitrogen, mg/l					
Total Kjeldahl Nitrogen, mg/l					
Sulfate, mg/l					
Chloride, mg/l					
Total Phosphorus, mg/l					
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l					
Electrical Conductivity, μ mohs/cm, †					
Oil & Grease, mg/l					
Alkalinity (CaCO ₃)*, mg/l					

*We will Submit
to Reviewer when
we receive results
from Lab*

*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: Tomas Barraza

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

Facility Operator's License Number: WW0067287

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

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

Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	On-Site Owner or Operator	Bulk	84.74	Class B: PSRP Air Drying	Option 1: Volatile solids reduced by 38%

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): N/A

D. Disposal site

Disposal site name: City of Alice Landfill

TCEQ permit or registration number: 262-B

County where disposal site is located: Jim Wells

E. Transportation method

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

Name of the hauler: Jim Hogg County WC & ID No. 2

Hauler registration number: 22199

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

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

Attachment: N/A

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: N/A

Total Kjeldahl Nitrogen, mg/kg: N/A

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

Phosphorus, mg/kg: N/A

Potassium, mg/kg: N/A

pH, standard units: N/A

Ammonia Nitrogen mg/kg: N/A

Arsenic: N/A

Cadmium: N/A

Chromium: N/A

Copper: N/A

Lead: N/A

Mercury: N/A

Molybdenum: N/A

Nickel: N/A

Selenium: N/A

Zinc: N/A

Total PCBs: N/A

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

N/A

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: N/A

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

A. Additional authorizations

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

☐ Yes ☒ No

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

N/A

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:

N/A

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: N/A

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: Santos E. Cantu

Title: President

Signature: 

Date: 11/18/24

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply: N/A

Distance and direction to the intake: N/A

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

Attachment: N/A

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

N/A

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).

N/A

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

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

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

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

Name of the immediate receiving waters: Noriecitas Creek

A. Receiving water type

Identify the appropriate description of the receiving waters.

- ☐ Stream
- ☐ Freshwater Swamp or Marsh
- ☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

- ☐ Man-made Channel or Ditch
- ☐ Open Bay
- ☐ Tidal Stream, Bayou, or Marsh
- ☒ Other, specify: Dry Creek

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: Plant Operator Observations

C. Downstream perennial confluences

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

Mesquite Creek at 2.67 Creek Miles

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.

Man made dam at 3.2 creek miles backs water to 2.7 creek miles from point of discharge.

E. Normal dry weather characteristics

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

Generally dry upstream point of discharge except during rainy weather. Downstream at point of discharge, the creek carries treated effluent and rain run-off when it rains

Date and time of observation: November 18, 2024 - 2 pm.

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

Section 5. General Characteristics of the Waterbody (Instructions Page 66)

A. Upstream influences

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

- | | |
|---|--|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff |
| <input type="checkbox"/> Upstream discharges | <input type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input checked="" type="checkbox"/> Other(s), specify: <u>Trees and pastures</u> |

B. Waterbody uses

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

- | | |
|--|---|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input checked="" type="checkbox"/> Other(s), specify: <u>None of the above</u> |

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 89)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

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.

N/A

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

N/A

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.

N/A

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				

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.

N/A

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

A. General information

Company Name: None in Service Area

SIC Code: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

B. Process information

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

There are no significant industrial users in the service area that discharge industrial waste into the wastewater treatment system.

C. Product and service information

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

None

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: 0

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: 0

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Category: Subcategories: N/A

Click or tap here to enter text. N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

Category: N/A

Subcategories: N/A

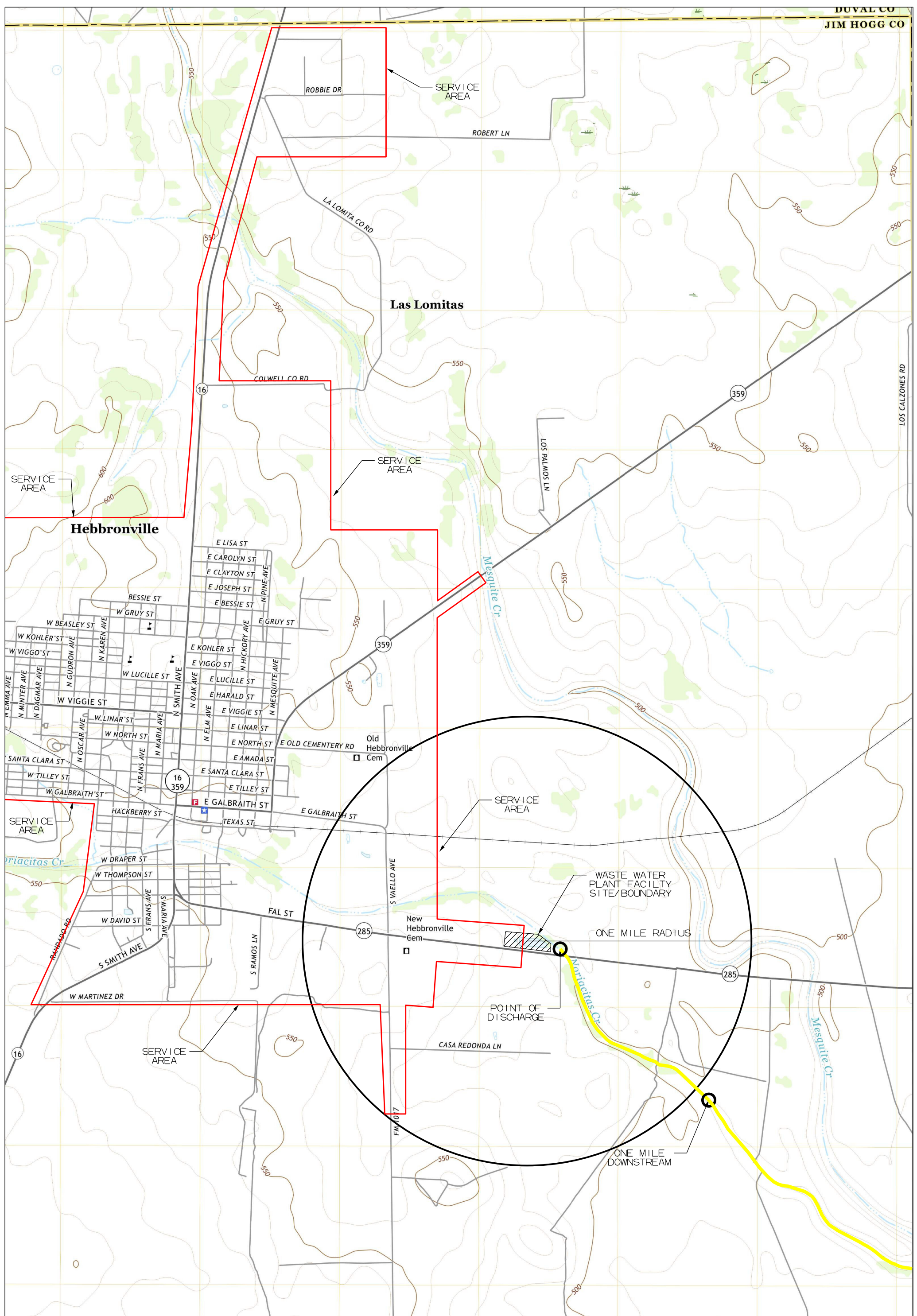
F. Industrial user interruptions

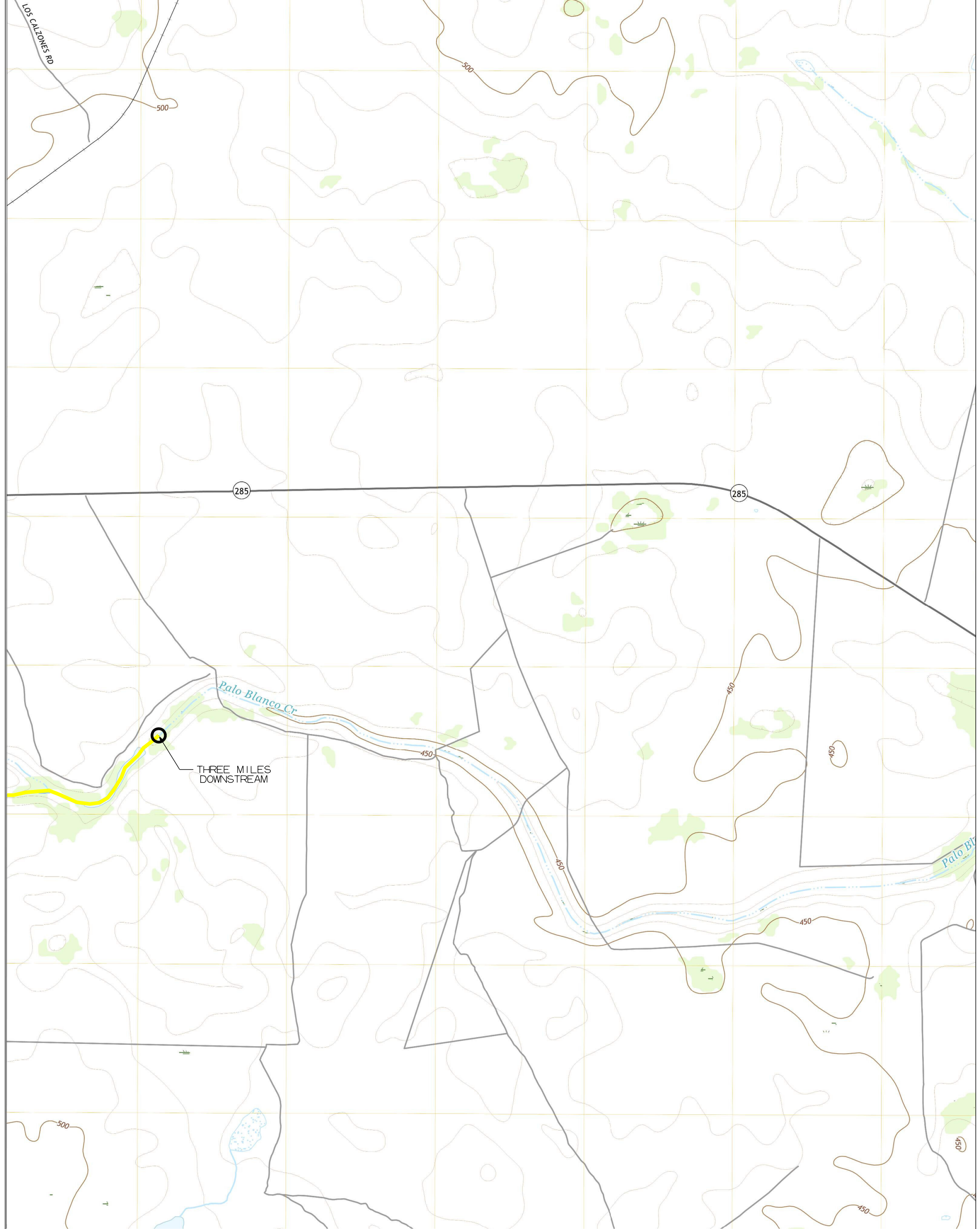
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

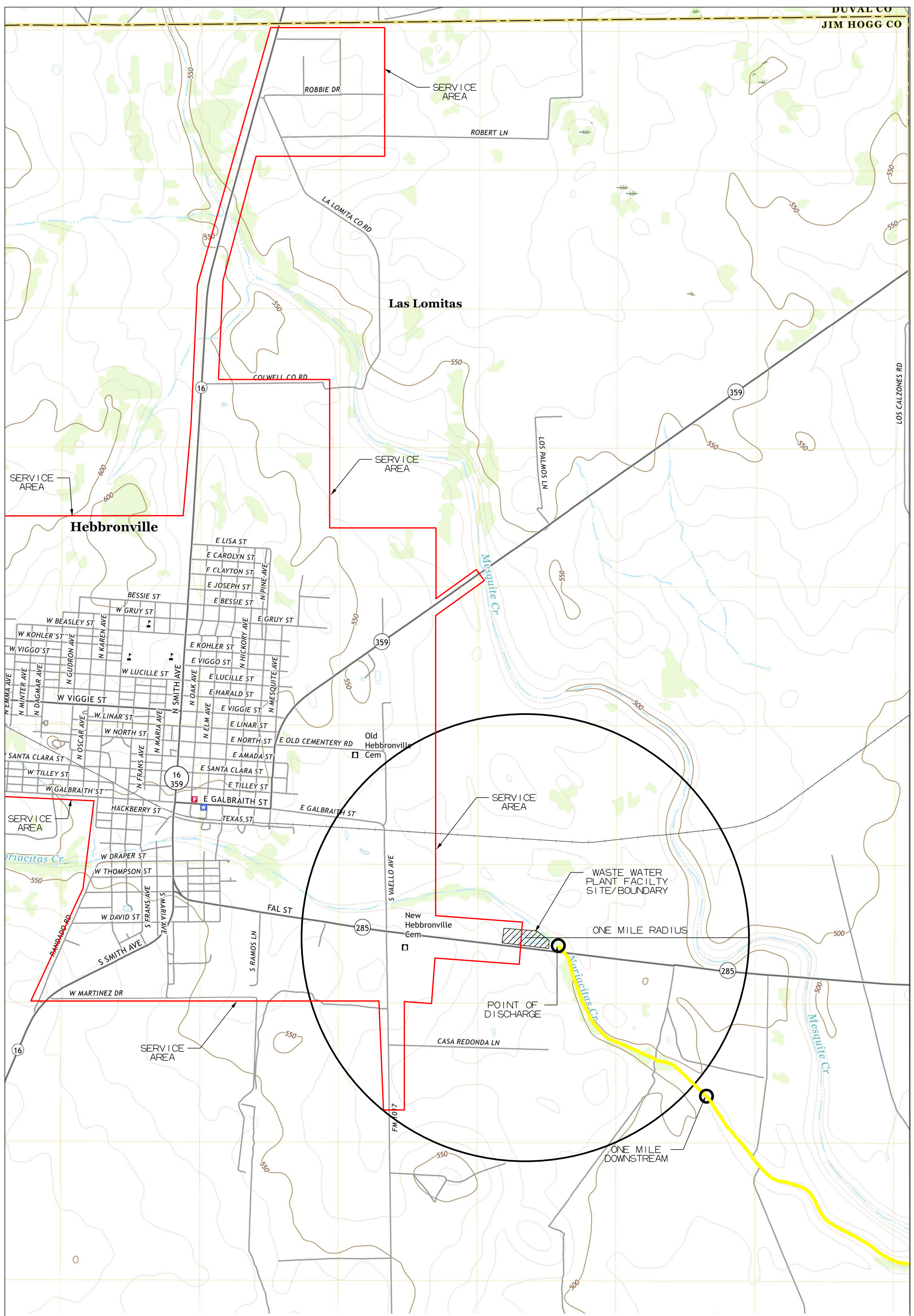
☐ Yes ☒ No

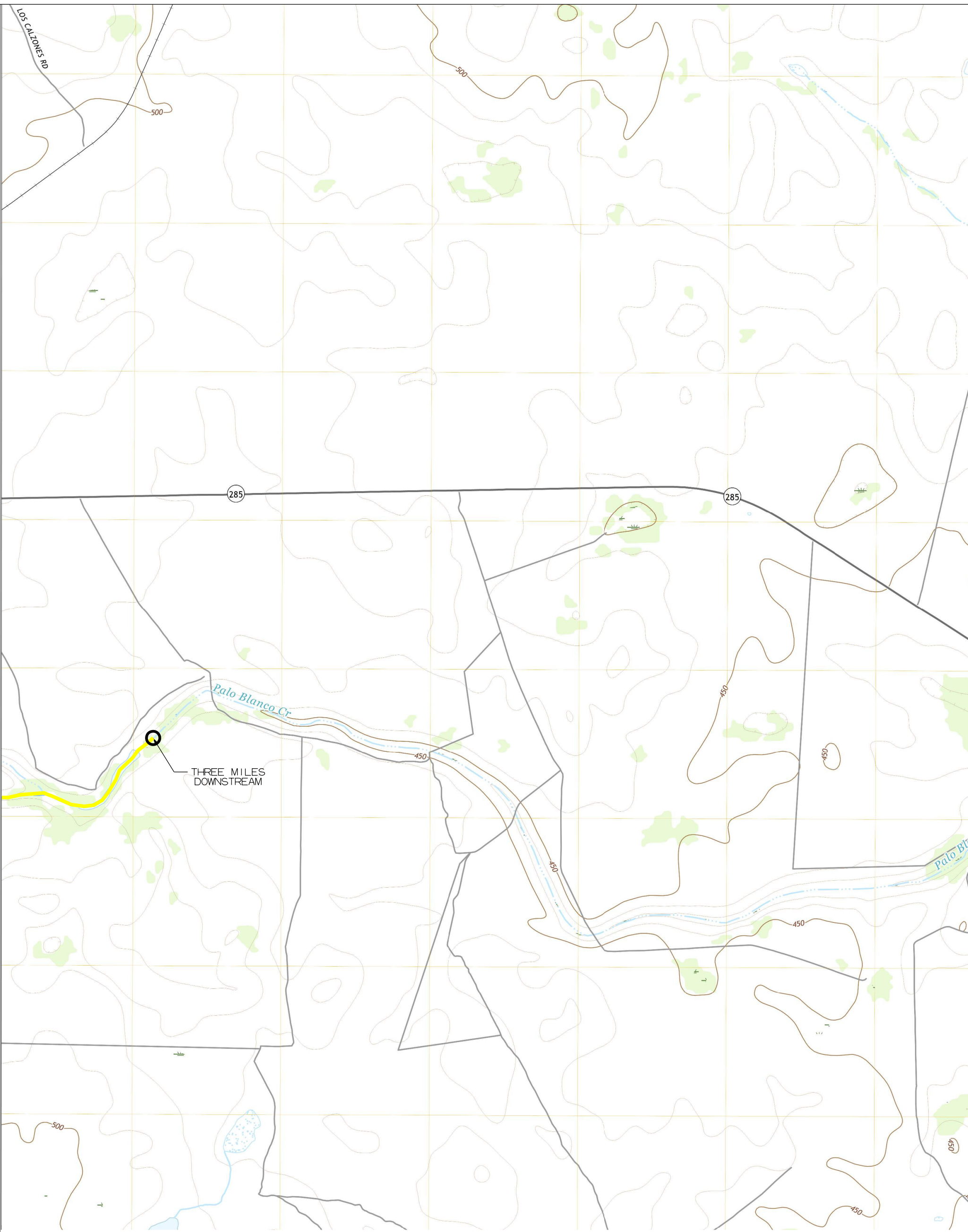
If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

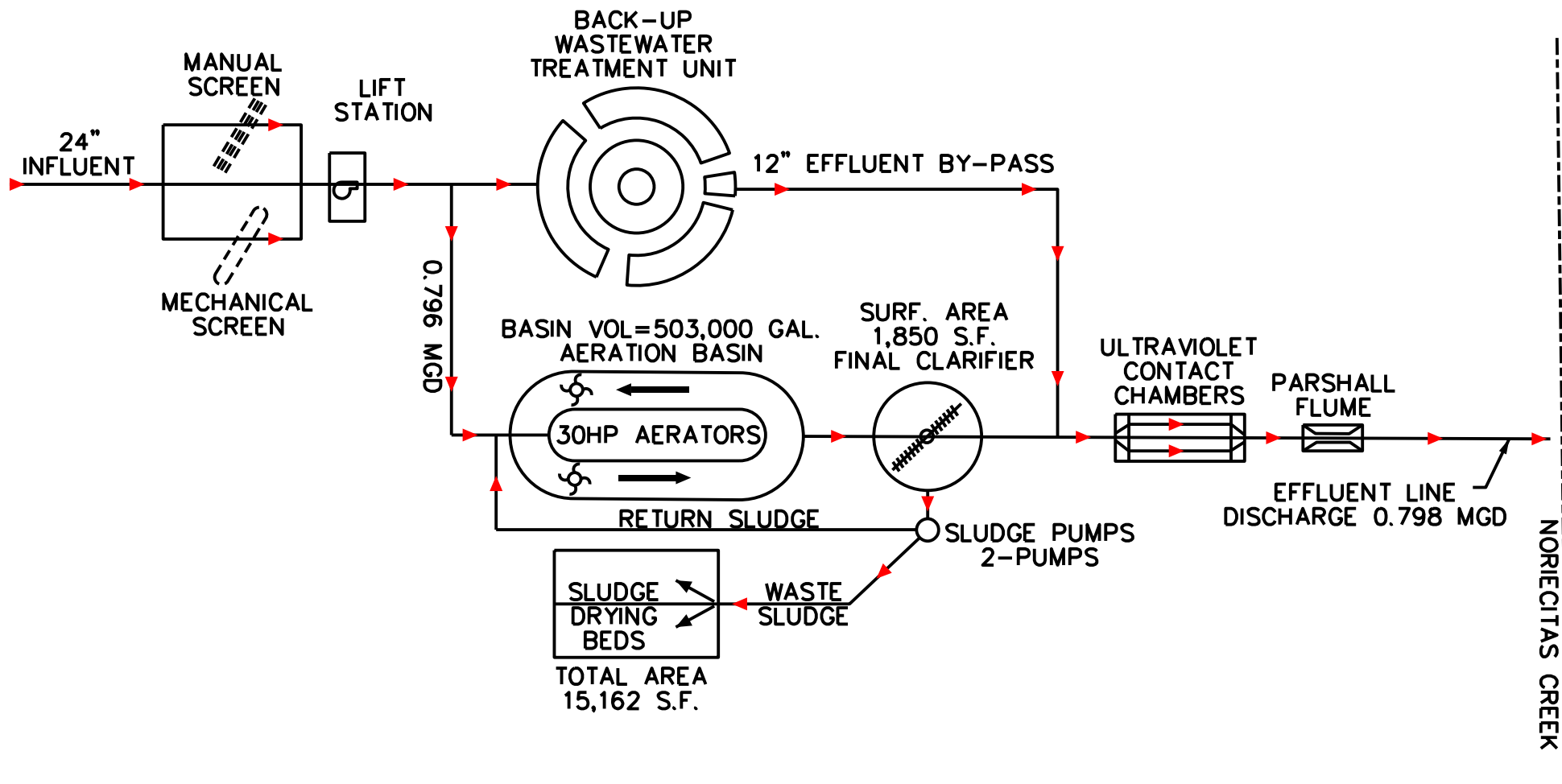
N/A



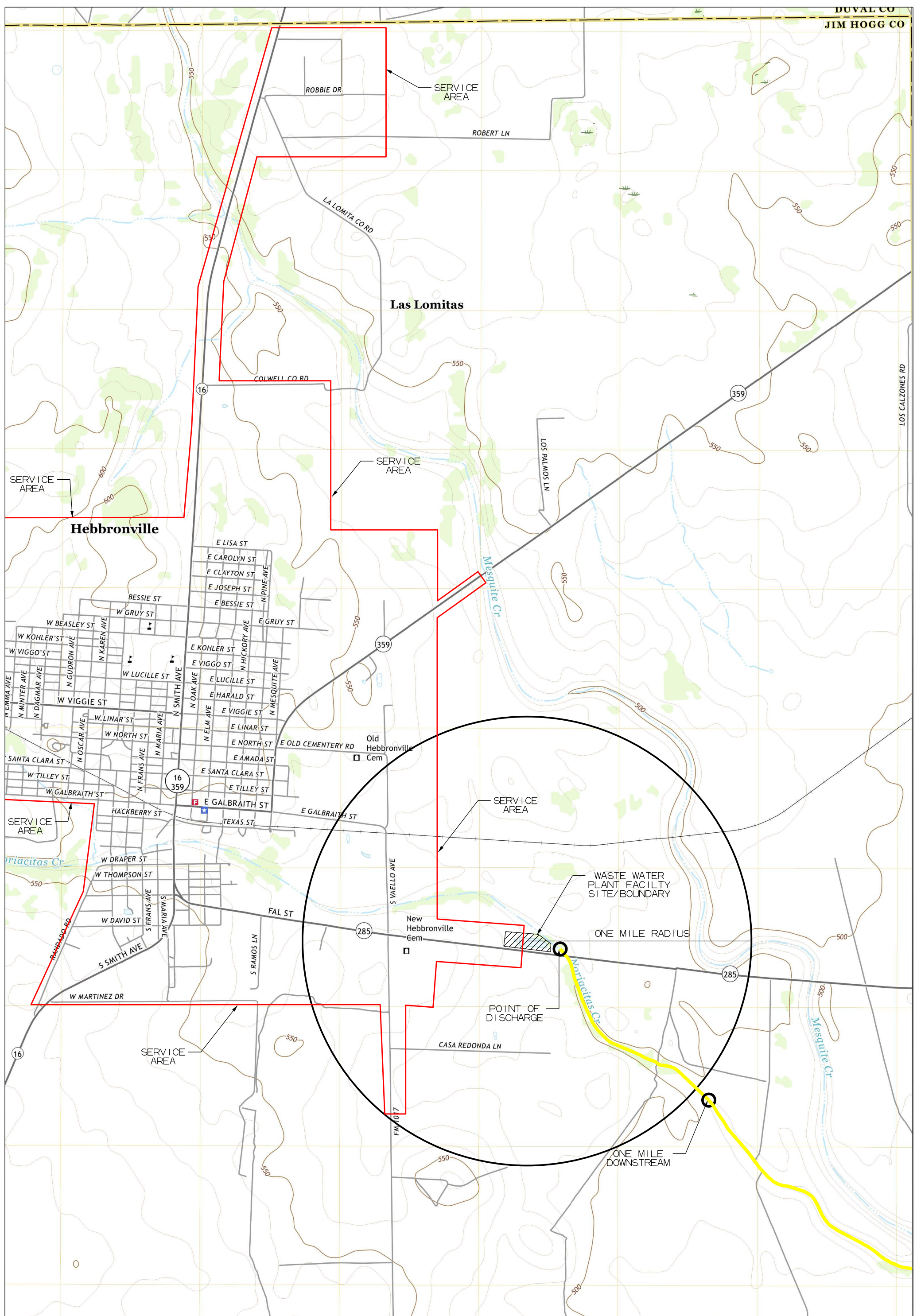








PROCESS FLOW DIAGRAM
 ATTACHMENT No. 3
 TECHNICAL REPORT 1.0
 SECTION 2
 PG.2 OF 66





ATTACHMENT 5
CHEMICAL ANALYSIS

We will get
from Lab
Soon

Raul Garcia Jr

From: WQ-ARPTeam <WQ-ARPTeam@tceq.texas.gov>
Sent: Thursday, November 21, 2024 2:16 PM
To: Raul Garcia Jr
Subject: RE: WWTP Permit Renewal for WQ0010799001 - Jim Hogg County WC & ID No. 2 Question

Hi Mr. Garcia,

You can submit the renewal application and follow up with your assigned administrative reviewer to submit the pollutant analysis reports.

Regards,

Erwin Madrid
Team Lead
ARP Team | Water Quality Division
512-239-2191
Texas Commission on Environmental Quality



Please consider whether it is necessary to print this e-mail.

From: Raul Garcia Jr <rgarciajr@garciawright.com>
Sent: Thursday, November 21, 2024 10:36 AM
To: WQ-ARPTeam <WQ-ARPTeam@tceq.texas.gov>
Subject: WWTP Permit Renewal for WQ0010799001 - Jim Hogg County WC & ID No. 2 Question

Good morning,

I have the renewal permit application for Jim Hogg County WC & ID No. 2 which is due by Tuesday next week (26th) ready to submit with the exception of the Pollutant Analysis (Section 7 of the Technical Report) .

They have a new facility manager. He didn't know that they needed to request a pollutant analysis of the effluent for their renewal of the WWTP permit. They got the samples this morning and are driving them to ChemTexas in Corpus Christi today so the Pollutant analysis can be done (Chem Texas). This may take a couple of weeks after speaking with the testing lab.

Since it is due next week on Tuesday the 26th, do I go ahead and make the submittal and turn in the Pollutant Analysis when it is complete, or is it permissible to wait until I have the complete permit application containing the Pollutant Analysis to submit to TCEQ. I understand they are due 180 days before expiration.

Please advise.

Thank you,

Raul H. Garcia, Jr., PE (J.R.)

Garcia & Wright Consulting Engineers, Inc.

407 W. Rhapsody

San Antonio, Tx 78216

(210) 349 – 5253



Jon Niermann, *Chairman*
Bobby Janecka, *Commissioner*
Catarina R. Gonzales, *Commissioner*
Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

December 2, 2024

Ms. Leticia Tolentino
Office Manager
Jim Hogg County Water Contron Improvement District No. 2
P.O. Box 148
Hebbronville, Texas 78361

RE: Application to Renew, for Permit No.: WQ0010799001 (EPA I.D. No. TX0101826)
Applicant Name: Jim Hogg County Water Control Improvement District No. 2
(CN600682348)
Site Name: Jim Hogg County WCID 2 WWTP (RN101523512)
Type of Application: Renewal without changes

VIA EMAIL

Dear Ms. Tolentino:

We have received the application for the above referenced permit, and it is currently under review. Your attention to the following item(s) are requested before we can declare the application administratively complete. Please submit responses to the following items via email.

1. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.


APPLICATION. Jim Hogg County WCID 2, 481 Old Cemetery Road, Hebbronville, Texas 78361, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010799001 (EPA I.D. No. TX0101826) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 796,000 gallons per day. The domestic wastewater treatment facility is located approximately 3,700 feet east of the intersection of Farm-to-Market Road 1017 and State Highway , near the city of Hebbronville, in Jim Hogg County, Texas 78361. The discharge route is from the plant site to Noriacitas Creek; thence to an unnamed impoundment; thence to Palo Blanco Creek; thence to Laguna Madre. TCEQ received this application on November 26, 2024. The permit application will be available for viewing and copying at Jim Hogg County WCID No. 2, 481 Old Cemetery Road, Hebbronville, in Jim Hogg 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=-98.653888,27.297777&level=18>

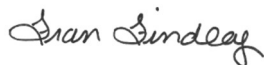
Further information may also be obtained from Jim Hogg County WCID 2 at the address stated above or by calling Ms. Leticia Tolentino, Office Manager, at 361-527-3287 Extension 3 & 3.

2. Please provide an electronic copy of the complete application in a single PDF file. The electronic copy may be submitted via email to WQ-ARPTeam@tceq.texas.gov (25MB size file or smaller) or via TCEQs file transfer protocol (FTP) server using the following steps.
 - a. Sign in and upload your application as a single PDF file using the TCEQ FTP server: <https://ftps.tceq.texas.gov/index.php>.
 - b. Share the uploaded file to the email address: WODECopy@tceq.texas.gov.

For complete instructions on using the TCEQ FTP server, please visit: <https://ftps.tceq.texas.gov/help/>. For other questions about the submittal of electronic copies, please view the [frequently asked questions](#) .

Please submit the complete response, addressed to my attention by December 17, 2024. If you should have any questions, please do not hesitate to contact me by phone at (512) 239-2441 or by email at Francesca.Findlay@tceq.texas.gov

Sincerely,



Francesca Findlay
Application Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

F.F.

Enclosure(s)

cc: Mr. Raul Garcia, P.E., Engineer, Jim Hogg County Water Control Improvement District
No. 2, 407 West Rhapsody, San Antonio, Texas 78216

Francesca Findlay

From: WQ-ARPTeam <WQ-ARPTeam@tceq.texas.gov>
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ARP Team | Water Quality Division
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Texas Commission on Environmental Quality



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Raul H. Garcia, Jr., PE (J.R.)

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