



# **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

# **Plain Language Summary Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications**

## **ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS**

### **DOMESTIC WASTEWATER**

*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.*

The City of Seadrift (CN600342810) owns and operates Seadrift WWTP (RN 101920627) an activated sludge process plant. The facility is located 101 S ORANGE ST in Seadrift Calhoun County, Texas 77983

This application is for a renewal to discharge at an annual average flow of 0.3 million gallons per day of treated domestic wastewater via Outfalls 001. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), and *Escherichia coli*. Domestic wastewater is treated by an activated sludge process plant and the treatment units include, aeration zones, aerobic digester, clarifier and chlorine contact zone.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010822001

**APPLICATION.** City of Seadrift, P.O. Box 159, Seadrift, Texas 77983, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010822001 (EPA I.D. No. TX0026671) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 300,000 gallons per day. The domestic wastewater treatment facility is located at 101 South Orange Street, in the city of Seadrift, in Calhoun County, Texas 77983. The discharge route is from the plant site to an unnamed ditch; thence to Hallies Bayou; thence to San Antonio Bay/Hynes Bay/Guadalupe Bay/Mission Lake. TCEQ received this application on August 30, 2024. The permit application will be available for viewing and copying at Seadrift City Hall, Utility Department, 501 South Main Street, Seadrift, in Calhoun 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=-96.707222,28.411944&level=18>

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

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

**OPPORTUNITY FOR A CONTESTED CASE HEARING.** After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a

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

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

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

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

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

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

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

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



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

Further information may also be obtained from City of Seadrift at the address stated above or by calling Mr. Terrell Jones, Utilities, at 361-785-2251.

Issuance Date: September 30, 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION  
CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Seadrift

PERMIT NUMBER (If new, leave blank): WQ0010822001

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 checked="" type="checkbox"/>
≥0.50 but <1.0 MGD	\$1,650.00 <input type="checkbox"/>	\$1,615.00 <input 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: 39257  
Check/Money Order Amount: \$1,215  
Name Printed on Check: City of Seadrift  
EPAY      Voucher Number:  
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: [Click to enter text.](#)

f. **For existing permits:**

Permit Number: WQ0010822001

EPA I.D. (TPDES only): TX 0026671

Expiration Date: March 11, 2025

### Section 3. Facility Owner (Applicant) and Co-Applciant 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 Seadrift

*(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: 600342810

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: Bryant, Robert

Title: Public Work Director

Credential:

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

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

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

### C. Core Data Form

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

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

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

A. Prefix: Miss.

Last Name, First Name: Rodriguez, Natalia

Title: Consultant

Credential:

Organization Name Environmental Consulting Group

Mailing Address: 921 E 800 S

City, State, Zip Code: Salt Lake City, UT 84102

Phone No.: 832-776-5393

E-mail Address: natalia@environmentalCgroup.com

Check one or both: ☒

Administrative Contact

☒

Technical Contact

a. Prefix: Mr.

Last Name, First Name: Jones, Terrell

Title: Utilities

Credential:

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

E-mail Address:

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: Jones, Terrell

Title: WWTP Operator

Credential: Click to enter text.

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

E-mail Address: Click to enter text.

B. Prefix: Mr.

Last Name, First Name: Bryant, Robert

Title: Public Works Director

Credential:

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983

Phone No.: (361) 489-9544

E-mail Address: seadriftpwd@tisd.net

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

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

Prefix: Mrs.

Last Name, First Name: Romero, Alice

Title: City Clerk

Credential: Click to enter text.

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

E-mail Address: Click to enter text.

## 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: Jones, Terrell

Title: WWTP Operator

Credential: Click to enter text.

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

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: Jones, Terrell

Title: Utilities

Credential: Click to enter text.

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

E-mail Address: Click to enter text.

### 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: Natalia@envionmentalCgroup.com

☐ Fax

☒ Regular Mail

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

Prefix: Mr.

Last Name, First Name: Jones, Terrell

Title: Utilities

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

Organization Name: City of Seadrift

Mailing Address P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

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

#### 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: Seadrift City Hall

Location within the building: The Utility Department

Physical Address of Building: 501 S. Main St.

City: Seadrift, TX 77983

County: Calhoun

Contact (Last Name, First Name): Jones, Terrell

Phone No.: (361) 785-2251 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. Plain Language Summary Template

Complete the Plain Language Summary (TCEQ Form 20972) 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** 101920627

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 Seadrift WWTP

- C. Owner of treatment facility: City of Seadrift

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: City of Seadrift WWTP

Title: Click to enter text.

Credential: Click to enter text.

Organization Name City of Seadrift WWTP

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

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:

28.41187N, -96.70730W

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 Seadrift

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

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: [Click to enter text.](#)

## Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

[Click to enter text.](#)

B. City nearest the disposal site: [Click to enter text.](#)

C. County in which the disposal site is located: [Click to enter text.](#)

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

Click to enter text.

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

## Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

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

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

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

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

## Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information: Attachment C

- 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: WQ0010822001

Applicant: City of Seadrift

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): Robert Bryant

Signatory title: Public Works Director

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 in which format the landowners list is submitted:
- ☐ USB Drive      ☐ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses:
- 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

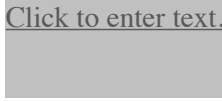


# DOMESTIC WASTEWATER PERMIT APPLICATION

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





# 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

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

***BY OVERNIGHT/EXPRESS MAIL***

**Fee Code: WQP      Waste Permit No: WQ0010822001**

1. Check or Money Order Number: 39257
2. Check or Money Order Amount: \$ 1, 215
3. Date of Check or Money Order: 8/15/24
4. Name on Check or Money Order: City of Seadrift
5. APPLICATION INFORMATION

Name of Project or Site: City of Seadrift Wastewater Plant

Physical Address of Project or Site: 101 South Orange Street, Seadrift TX 77983

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):

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

Driver's License or State Identification Number:

Date of Birth:

Mailing Address:

City, State, and Zip Code:

Phone Number:  Fax Number:

E-mail Address:

CN:

#### For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## **Things to Know:**

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

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

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

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

Plain Language Summary ☐ Yes



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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): 0.3

2-Hr Peak Flow (MGD): 0.05

Estimated construction start date: N/A

Estimated waste disposal start date: N/A

#### B. Interim II Phase

Design Flow (MGD): [Click to enter text.](#)

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

Estimated construction start date: [Click to enter text.](#)

Estimated waste disposal start date: [Click to enter text.](#)

#### C. Final Phase

Design Flow (MGD): [Click to enter text.](#)

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

Estimated construction start date: [Click to enter text.](#)

Estimated waste disposal start date: [Click to enter text.](#)

#### D. Current Operating Phase

Provide the startup date of the facility: 1967

#### A. Current Operating Phase: Existing

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

The plant is an activated sludge process operated in a contact stabilization mode. The treatment units consist of: bar screen, aeration contact zone, reaeration zone, an aerobic digester basin, clarifier, chlorine contact chamber, dechlorination injection and 3 sludge drying beds (beds are not being used currently). See diagram in attachments

**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)
Aeration Contact Zone	1	350.91 SF X 14.25 Ft (Area x Depth) Vol: 37,404 Gallons (Capacity)
Reaeration Zone	1	718.05 SF x 14.25 Ft (Area x Depth) Vol: 76,324 Gallons (Capacity)
Aerobic Digester	1	624.28 SF x 14.25 Ft (Area x Depth) Vol: 66,542 Gallons (Capacity)
Settling Tank / Clarifier	1	490.87 SF x 14.25 Ft (Area x Depth) Vol: 52,322 Gallons (Capacity)
Chlorine Contact Zone	1	50.59 SF x 14.25 Ft (Area x Depth) Vol: 5,392 Gallons (Capacity)

**C. Process Flow Diagram**

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

**Attachment: D**

Section 3.

Site Information and Drawing (Instructions Page 44)

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

- Latitude: 28.411941,
- Longitude: -96.705841

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

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

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

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

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

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

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

City of Seadrift

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

		<a href="#">Choose an item.</a>	
		<a href="#">Choose an item.</a>	
		<a href="#">Choose an item.</a>	
		<a href="#">Choose an item.</a>	

### 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.**

Click to enter text.

## 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.

Click to enter text.

## 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: 1967

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

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

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**

	<b>Average Conc.</b>	<b>Max Conc.</b>	<b>No. of Samples</b>	<b>Sample Type</b>	<b>Sample Date/ Time</b>
CBOD <sub>5</sub> , mg/l	7.84	7.84	1	Grab	06/25/24 08:35
Total Suspended Solids, mg/l	5.20	5.20	1	Grab	06/25/24 08:35
Ammonia Nitrogen, mg/l	7.39	7.39	1	Grab	06/25/24 08:35
Nitrate Nitrogen, mg/l				Grab	06/25/24 08:35
Total Kjeldahl Nitrogen, mg/l	9.14	9.14	1	Grab	06/25/24 08:35
Sulfate, mg/l	70.7	70.7	1	Grab	06/25/24 08:35
Chloride, mg/l	441	441	1	Grab	06/25/24 08:35
Total Phosphorus, mg/l	2.18	2.18	1	Grab	06/25/24 08:35
pH, standard units	7.44	7.44	1	Grab	06/25/24 08:35
Dissolved Oxygen*, mg/l	6.28	6.28	1	Grab	06/25/24 08:35
Chlorine Residual, mg/l	1.92	1.92	1	Grab	06/25/24 08:35
<i>E.coli</i> (CFU/100ml) freshwater	NA	NA			
Enterococci (CFU/100ml) saltwater	<1	<1	1	Grab	06/25/24 08:35
Total Dissolved Solids, mg/l	948	948	1	Grab	06/25/24 08:35
Electrical Conductivity, $\mu$ mohs/cm, †	1760	1760	1	Grab	06/25/24 08:35
Oil & Grease, mg/l	<0.449	<0.449	1	Grab	06/25/24 08:35
Alkalinity (CaCO <sub>3</sub> )*, mg/l	<20.0	<20.0	1	Grab	06/25/24 08:35

\*TPDES permits only

†TLAP permits only

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

Total Suspended Solids, mg/l					
Total Dissolved Solids, mg/l					
pH, standard units					
Fluoride, mg/l					
Aluminum, mg/l					
Alkalinity (CaCO <sub>3</sub> ), mg/l					

## Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: TERRELL L JONES

Facility Operator's License Classification and Level: C

Facility Operator's License Number: : WW0010310

## 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
- ☐ 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 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

<a href="#">Choose an item.</a>	<a href="#">Choose an</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>

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: Victoria Environmental Processing Facility

TCEQ permit or registration number: 2330

County where disposal site is located: Victoria

### E. Transportation method

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

Name of the hauler Victoria Environmental Processing Facility

Hauler registration number: 2330

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

- USDA Natural Resources Conservation Service Soil Map:

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

- Federal Emergency Management Map:

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

- Site map:

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

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

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands
- ☐ Located less than 60 meters from a fault



☐ None of the above

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

☐ Yes ☐ No

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

Click to enter text.

#### D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

Attachment: Click to enter text.

- Copy of the closure plan

Attachment: Click to enter text.

- Copy of deed recordation for the site

Attachment: Click to enter text.

- Size of the sludge lagoon(s) in surface acres and capacity in cubic feet and gallons

Attachment: Click to enter text.

- Description of the method of controlling infiltration of groundwater and surface water from entering the site

Attachment: Click to enter text.

- Procedures to prevent the occurrence of nuisance conditions

Attachment: Click to enter text.

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

Attachment: Click to enter text.

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

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 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: [Click to enter text.](#)

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

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

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

#### A. Justification of permit need

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

Click to enter text.

#### B. Regionalization of facilities

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

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

##### 1. Municipally incorporated areas

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

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

☐ Yes ☐ No ☐ Not Applicable

If yes, within the city limits of: [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

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.](#)

<sup>1</sup> <https://www.tceq.texas.gov/permitting/wastewater/tceq-regionalization-for-wastewater>  
TCEQ-10054 (04/02/2024) Domestic Wastewater Permit Application Technical Report

### 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 59)

Is this facility in operation?

☐ Yes ☐ No

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

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

### A. Current organic loading

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

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

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

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

[Click to enter text.](#)

## B. Proposed organic loading

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

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

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 <sub>5</sub> from all sources		

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

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

Biochemical Oxygen Demand (5-day), mg/l: [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 59)

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 60)

### A. 100-year floodplain

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

☐ Yes ☐ No

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

[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 60)

## A. Beneficial use authorization

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

☐ Yes ☐ No

If **yes**, attach the completed **Application for Permit for Beneficial Land Use of Sewage Sludge (TCEQ Form No. 10451)**: [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 61)

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 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: [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 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: 3

#### 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).

[2.5 Miles downstream in San Antonio Bay](#)

#### 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 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: Unnamed Drainage ditch

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

☐ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☒ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

#### B. Flow characteristics

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

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

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

☒ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☐ Personal observation

☐ Other, specify: Click to enter text.

#### C. Downstream perennial confluences

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

Hallie's bayou and San Antonio Bay

#### D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

Click to enter text.

#### E. Normal dry weather characteristics

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

Click to enter text.

Date and time of observation: Click to enter text.

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

### Section 5. General Characteristics of the Waterbody (Instructions Page 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 checked="" type="checkbox"/> Urban runoff
<input type="checkbox"/> Upstream discharges	<input checked="" type="checkbox"/> Agricultural runoff
<input checked="" type="checkbox"/> Septic tanks	<input type="checkbox"/> Other(s), specify: Click to enter text.

#### B. Waterbody uses

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

<input type="checkbox"/> Livestock watering	<input checked="" type="checkbox"/> Contact recreation
<input type="checkbox"/> Irrigation withdrawal	<input type="checkbox"/> Non-contact recreation
<input checked="" type="checkbox"/> Fishing	<input type="checkbox"/> Navigation
<input type="checkbox"/> Domestic water supply	<input type="checkbox"/> Industrial water supply

☐ Park activities

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

### C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

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

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 66)

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**

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

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

Streambed slope of entire reach, from USGS map in feet/feet: [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 68)

Identify the method of land disposal:

- |   |  |
|---|--|
| <input type="checkbox"/> Surface application  | <input type="checkbox"/> Subsurface application                |
| <input type="checkbox"/> Irrigation   | <input type="checkbox"/> Subsurface soils absorption           |
| <input type="checkbox"/> Drip irrigation system   | <input type="checkbox"/> Subsurface area drip dispersal system |
| <input type="checkbox"/> Evaporation  | <input type="checkbox"/> Evapotranspiration beds               |
| <input type="checkbox"/> Other (describe in detail): <a href="#">Click to enter text.</a> |  |

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 68)

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

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


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

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


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 68)**

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

☐ Yes    ☐ No

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

[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 68)

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

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

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

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

			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 69)**

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

**Attachment:** [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 70)**

### **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**


**Section 9.      Effluent Monitoring Data (Instructions Page 71)**

Is the facility in operation?

☐ Yes    ☐ No

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

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

### Table 3.0(5) – Effluent Monitoring Data

[illegible]

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

Click to enter text.

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

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

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

#### A. Irrigation

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

Design application frequency:

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

Land grade (slope):

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

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

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

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

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

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

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

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

#### B. Evaporation ponds

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

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

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

#### C. Evapotranspiration beds

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

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

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

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

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

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

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

#### D. Overland flow

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

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

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

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

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

Design application frequency:

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

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

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

**Attachment:** [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 74)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [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 74)

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL (SADDS) LAND DISPOSAL OF EFFLUENT

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

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

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

- A. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility:
- B. [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 75)

#### 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 75)

#### 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 76)

#### A. Site location

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

☐ Yes ☐ No

#### B. Flood map

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

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

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

#### A. Buffer Map

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

**Attachment:** [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 76)

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

☐ Yes ☐ No

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

☐

Yes

☐

No

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

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

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

Grab ☐

Composite ☐

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

***Table 4.0(1) – Toxics Analysis***

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
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
Endosulfan II (beta)				0.02
Endosulfan Sulfate				0.1
Endrin				0.02
Ethylbenzene				10
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
Lead				0.5
Malathion				0.1
Mercury				0.005
Methoxychlor				2
Methyl Ethyl Ketone				50
Mirex				0.02
Nickel				2
Nitrate-Nitrogen				100
Nitrobenzene				10
N-Nitrosodiethylamine				20
N-Nitroso-di-n-Butylamine				20
Nonylphenol				333
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**

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**

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**

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***

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
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**

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**

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 instructions for further details.

This worksheet is not required minor amendments without renewal.

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

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

7-day Chronic: [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**


# 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.

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 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.

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**


**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 90)

#### A. General information

Company Name: N/A

SIC Code: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

#### B. Process information

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

Click to enter text.

#### C. Product and service information

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

Click to enter text.

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

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

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

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

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

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

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

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

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

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

## F. Industrial user interruptions

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

☐ Yes ☐ No

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

[Click to enter text.](#)

# WORKSHEET 7.0

## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

### CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

For TCEQ Use Only

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

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

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

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

##### 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**

Casing					
Tubing					
Screen					

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

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

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

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

## Section 4. Site Hydrogeological and Injection Zone Data

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

## Section 5. Site History

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

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

### ***Class V Injection Well Designations***

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





# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> <b>Renewal</b> (Core Data Form should be submitted with the renewal form)	Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN      600342810		RN      101608578

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
New Customer <input checked="" type="checkbox"/> Update to Customer Information      Change in Regulated Entity Ownership Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Seadrift					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>		Corporation		Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		Sole Proprietorship		Partnership: General   Limited	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
X 0-20   21-100   101-250   251-500   501 and higher				X Yes      No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
Owner      Operator <input checked="" type="checkbox"/> Owner & Operator      Other: _____ Occupational Licensee      Responsible Party      VCP/BSA Applicant					
<b>15. Mailing Address:</b>	PO BOX 159				
	City	Seadrift	State	TX	ZIP   77983      ZIP + 4
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				seadrift@tisd.net	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	
( 361 ) 785 - 2251				(   )   -	

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)								
New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name    Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
City of Seadrift								
<b>23. Street Address of the Regulated Entity:</b> (No PO Boxes)		101 South Orange St						
		City	Seadrift	State	TX	ZIP	77983	ZIP + 4
<b>24. County</b>								

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

<b>25. Description to Physical Location:</b>		N/A						
<b>26. Nearest City</b>					<b>State</b>		<b>Nearest ZIP Code</b>	
Seadrift					TX		77983	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		28.411972			<b>28. Longitude (W) In Decimal:</b>		-96.707166	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
<b>29. Primary SIC Code</b> (4 digits)		<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4941								
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
City Government								
<b>34. Mailing Address:</b>		PO BOX 159						
		City	Seadrift	State	TX	ZIP	77983	ZIP + 4
<b>35. E-Mail Address:</b>		seadriftpwd@tisd.net						
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)		
361 - 785 - 2251						361 - 785 - 2208		

**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:
	WQ0010822			

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Natalia Rodriguez	<b>41. Title:</b>	Consultant
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 832 ) 776 - 5393		( ) -	<a href="mailto:natalia@environmentalcgroup.com">natalia@environmentalcgroup.com</a>

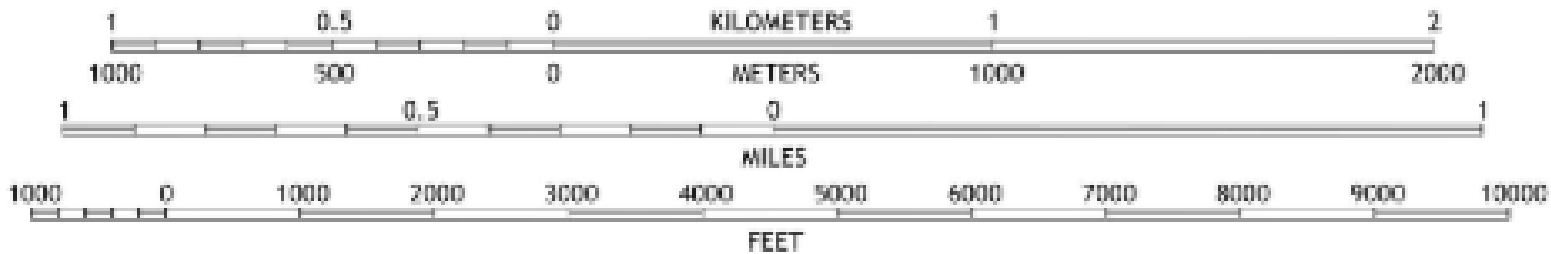
## **SECTION V: Authorized Signature**

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

<b>Company:</b>	City of Seadrift	<b>Job Title:</b>	Public Works Director
<b>Name (In Print):</b>	Robert Bryant	<b>Phone:</b>	( 361 ) 785 - 2251
<b>Signature:</b>		<b>Date:</b>	

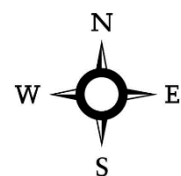


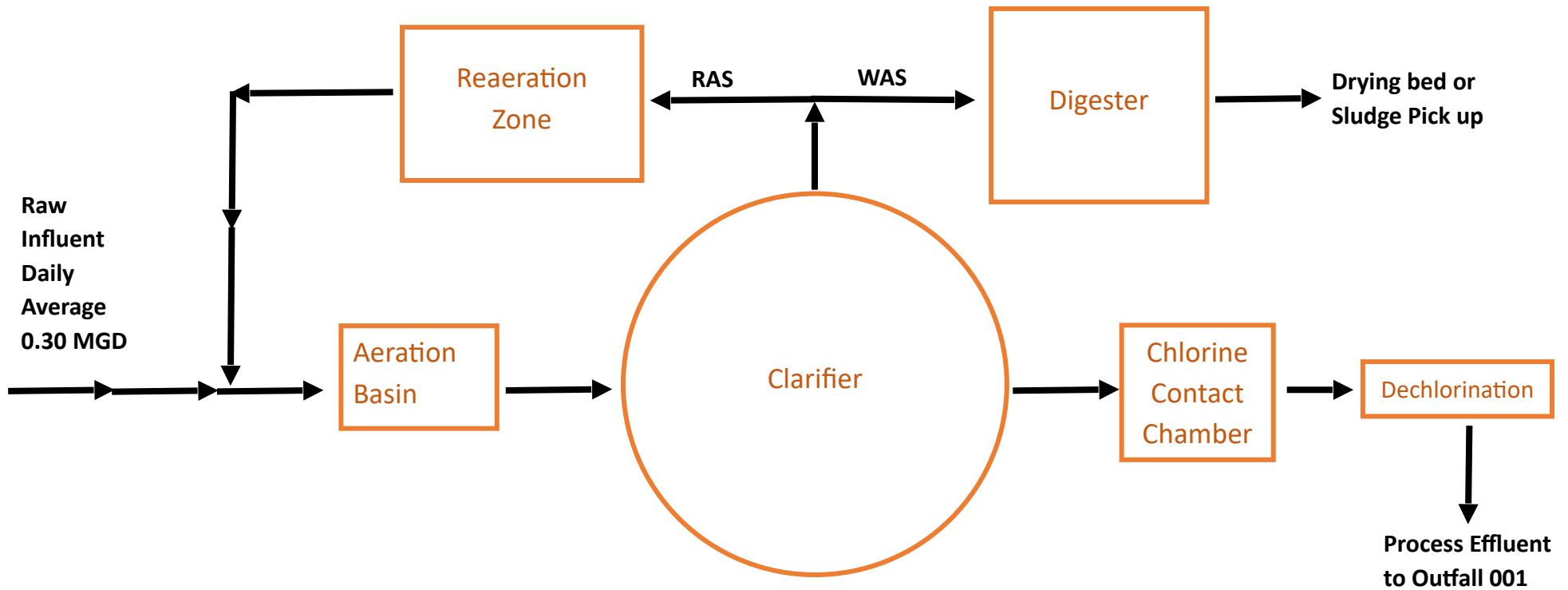
SCALE 1:24 000



**Attachment F: Site Drawing**  
**City of Seadrift - WQ0010822001**

- Approximate boundaries of the area served by the treatment facility
- Approximate boundaries of the treatment facility





## Flow Diagram

City of Seadrift  
WQ0010822001

RAS = Returned Activated Sludge  
WAS = Waste Activated Sludge

**City of Seadrift**

Sample Delivery Group: L1750107  
Samples Received: 06/25/2024  
Project Number: PERMIT RENEWAL  
Description:

Report To: Alice Romero  
P.O. Box 159  
Seadrift, TX 77983

Entire Report Reviewed By:



Danielle L Elliott  
Project Manager

Results relate only to the items tested or calibrated and are reported as rounded values. This test report shall not be reproduced, except in full, without written approval of the laboratory. Where applicable, sampling conducted by Pace Analytical National is performed per guidance provided in laboratory standard operating procedures ENV-SOP-MTJL-0067 and ENV-SOP-MTJL-0068. Where sampling conducted by the customer, results relate to the accuracy of the information provided, and as the samples are received.

**Pace Analytical National**12065 Lebanon Rd Mount Juliet, TN 37122 615-758-5858 800-767-5859 [mydata.pacelabs.com](https://mydata.pacelabs.com)

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<sup>1</sup> Cp
<sup>2</sup> Tc
<sup>3</sup> Ss
<sup>4</sup> Cn
<sup>5</sup> Sr
<sup>6</sup> Qc
<sup>7</sup> Gl
<sup>8</sup> Al
<sup>9</sup> Sc

# SAMPLE SUMMARY

## EFFLUENT L1750107-01 WW

Collected by  
Terrell L Jones

Collected date/time  
06/25/24 08:35

Received date/time  
06/25/24 10:06

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Microbiology by Method IDEXX Laboratories Enterolert	WG2312610	1	06/25/24 15:45	06/25/24 15:45	DLE	Victoria, TX

## EFFLUENT L1750107-02 WW

Collected by  
Terrell L Jones

Collected date/time  
06/25/24 08:35

Received date/time  
06/26/24 09:10

Method	Batch	Dilution	Preparation date/time	Analysis date/time	Analyst	Location
Gravimetric Analysis by Method 2540C	WG2312737	1	06/26/24 15:03	06/26/24 16:32	QQT	Allen, TX
Gravimetric Analysis by Method 2540D	WG2313967	1	06/28/24 10:13	06/28/24 14:27	QQT	Allen, TX
Wet Chemistry by Method 120.1	WG2313776	1	06/28/24 04:10	06/28/24 04:10	QQT	Allen, TX
Wet Chemistry by Method 1664A	WG2315722	1	07/02/24 07:32	07/02/24 11:38	TK	Allen, TX
Wet Chemistry by Method 2320B	WG2315296	1	07/01/24 10:46	07/01/24 10:46	JBS	Allen, TX
Wet Chemistry by Method 300.0	WG2321900	1	07/13/24 04:28	07/13/24 04:28	DLH	Mt. Juliet, TN
Wet Chemistry by Method 300.0	WG2321900	5	07/13/24 04:41	07/13/24 04:41	DLH	Mt. Juliet, TN
Wet Chemistry by Method 351.2	WG2312386	1	06/26/24 11:48	06/27/24 20:05	EIG	Allen, TX
Wet Chemistry by Method 4500P-E	WG2315160	10	07/01/24 17:50	07/01/24 17:50	SMC	Allen, TX
Wet Chemistry by Method 5210 B-2016	WG2312408	1	06/26/24 17:17	07/01/24 12:14	SEN	Allen, TX
Wet Chemistry by Method SM4500NH3H	WG2315239	1	07/01/24 18:01	07/01/24 18:01	EIG	Allen, TX
Metals (ICP) by Method 200.7	WG2313172	1	06/27/24 10:20	06/28/24 13:38	SKW	Allen, TX

<sup>1</sup>Cp

<sup>2</sup>Tc

<sup>3</sup>Ss

<sup>4</sup>Cn

<sup>5</sup>Sr

<sup>6</sup>Qc

<sup>7</sup>Gl

<sup>8</sup>Al

<sup>9</sup>Sc



# CASE NARRATIVE

All sample aliquots were received at the correct temperature, in the proper containers, with the appropriate preservatives, and within method specified holding times, unless qualified or notated within the report. Where applicable, all MDL (LOD) and RDL (LOQ) values reported for environmental samples have been corrected for the dilution factor used in the analysis. All Method and Batch Quality Control are within established criteria except where addressed in this case narrative, a non-conformance form or properly qualified within the sample results. By my digital signature below, I affirm to the best of my knowledge, all problems/anomalies observed by the laboratory as having the potential to affect the quality of the data have been identified by the laboratory, and no information or data have been knowingly withheld that would affect the quality of the data.



Danielle L Elliott  
Project Manager

## Sample Delivery Group (SDG) Narrative

No extra volume received to perform Matrix Spike samples.

<u>Lab Sample ID</u>	<u>Project Sample ID</u>	<u>Method</u>
<a href="#">L1750107-02</a>	<a href="#">EFFLUENT</a>	1664A



Microbiology by Method IDEXX Laboratories Enterolert

Analyte	Result	Qualifier	MDL	RDL	Dilution	Analysis	Batch
Enterococcus	MPN/100ml		MPN/100ml	MPN/100ml		date / time	
Enterococcus	<1				1	06/25/2024 15:45	WG2312610

- 1Cp
- 2Tc
- 3Ss
- 4Cn
- 5Sr
- 6Qc
- 7Gl
- 8Al
- 9Sc

## EFFLUENT

Collected date/time: 06/25/24 08:35

## SAMPLE RESULTS - 02

L1750107

## Gravimetric Analysis by Method 2540C

Analyte	Result	Qualifier	RDL	Dilution	Analysis date / time	Batch
Total Dissolved Solids	948		33.3	1	06/26/2024 16:32	<a href="#">WG2312737</a>

## Gravimetric Analysis by Method 2540D

Analyte	Result	Qualifier	RDL	Dilution	Analysis date / time	Batch
Suspended Solids	5.20		2.50	1	06/28/2024 14:27	<a href="#">WG2313967</a>

## Wet Chemistry by Method 120.1

Analyte	Result	Qualifier	RDL	Dilution	Analysis date / time	Batch
Specific Conductance	1760		1.00	1	06/28/2024 04:10	<a href="#">WG2313776</a>

## Sample Narrative:

L1750107-02 WG2313776: at 25C

## Wet Chemistry by Method 1664A

Analyte	Result	Qualifier	MDL	RDL	Dilution	Analysis date / time	Batch
Oil & Grease (Hexane Extr)	<0.449		0.449	6.41	1	07/02/2024 11:38	<a href="#">WG2315722</a>

## Wet Chemistry by Method 2320B

Analyte	Result	Qualifier	MDL	RDL	Dilution	Analysis date / time	Batch
Alkalinity	110		20.0	20.0	1	07/01/2024 10:46	<a href="#">WG2315296</a>
Alkalinity,Bicarbonate	110		20.0	20.0	1	07/01/2024 10:46	<a href="#">WG2315296</a>
Alkalinity,Carbonate	<20.0		20.0	20.0	1	07/01/2024 10:46	<a href="#">WG2315296</a>
Alkalinity,Hydroxide	<20.0		20.0	20.0	1	07/01/2024 10:46	<a href="#">WG2315296</a>
Phenolphthalein Alkalinity	<20.0		20.0	20.0	1	07/01/2024 10:46	<a href="#">WG2315296</a>

## Wet Chemistry by Method 300.0

Analyte	Result	Qualifier	MDL	RDL	Dilution	Analysis date / time	Batch
Chloride	441		1.90	5.00	5	07/13/2024 04:41	<a href="#">WG2321900</a>
Fluoride	0.191		0.0640	0.150	1	07/13/2024 04:28	<a href="#">WG2321900</a>
Sulfate	70.7		0.594	5.00	1	07/13/2024 04:28	<a href="#">WG2321900</a>

## Wet Chemistry by Method 351.2

Analyte	Result	Qualifier	MDL	RDL	Dilution	Analysis date / time	Batch
Kjeldahl Nitrogen, TKN	9.14		0.140	0.250	1	06/27/2024 20:05	<a href="#">WG2312386</a>

## Wet Chemistry by Method 4500P-E

Analyte	Result	Qualifier	MDL	RDL	Dilution	Analysis date / time	Batch
Phosphorus,Total	2.18		0.152	0.500	10	07/01/2024 17:50	<a href="#">WG2315160</a>

## Wet Chemistry by Method 5210 B-2016

Analyte	Result	Qualifier	RDL	Dilution	Analysis date / time	Batch
CBOD	7.84	<a href="#">B1</a>	1.50	1	07/01/2024 12:14	<a href="#">WG2312408</a>



Wet Chemistry by Method SM4500NH3H

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Ammonia Nitrogen	7.39		0.0280	0.100	1	07/01/2024 18:01	<a href="#">WG2315239</a>

Metals (ICP) by Method 200.7

Analyte	Result mg/l	Qualifier	MDL mg/l	RDL mg/l	Dilution	Analysis date / time	Batch
Aluminum	0.0676	J	0.0353	0.500	1	06/28/2024 13:38	<a href="#">WG2313172</a>

<sup>1</sup>Cp

<sup>2</sup>Tc

<sup>3</sup>Ss

<sup>4</sup>Cn

<sup>5</sup>Sr

<sup>6</sup>Qc

<sup>7</sup>Gl

<sup>8</sup>Al

<sup>9</sup>Sc

Method Blank (MB)

(MB) R4087606-1 06/26/24 16:32

	MB Result	MB Qualifier	MB MDL	MB RDL
Analyte	mg/l		mg/l	mg/l
Total Dissolved Solids	<25.0		25.0	25.0

L1750220-01 Original Sample (OS) • Duplicate (DUP)

(OS) L1750220-01 06/26/24 16:32 • (DUP) R4087606-3 06/26/24 16:32

	Original Result	DUP Result	Dilution	DUP RPD	DUP Qualifier	DUP RPD Limits
Analyte	mg/l	mg/l		%		%
Total Dissolved Solids	2270	1940	1	15.8	J3	10

L1750220-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1750220-02 06/26/24 16:32 • (DUP) R4087606-4 06/26/24 16:32

	Original Result	DUP Result	Dilution	DUP RPD	DUP Qualifier	DUP RPD Limits
Analyte	mg/l	mg/l		%		%
Total Dissolved Solids	984	995	1	1.08		10

Laboratory Control Sample (LCS)

(LCS) R4087606-2 06/26/24 16:32

	Spike Amount	LCS Result	LCS Rec.	Rec. Limits	LCS Qualifier
Analyte	mg/l	mg/l	%	%	
Total Dissolved Solids	2410	2500	104	85.0-115	

1Cp

2Tc

3Ss

4Cn

5Sr

6Qc

7Gl

8Al

9Sc

Method Blank (MB)

(MB) R4088315-1 06/28/24 14:27

	MB Result	MB Qualifier	MB MDL	MB RDL
Analyte	mg/l		mg/l	mg/l
Suspended Solids	<2.50		2.50	2.50

L1750211-04 Original Sample (OS) • Duplicate (DUP)

(OS) L1750211-04 06/28/24 14:27 • (DUP) R4088315-3 06/28/24 14:27

	Original Result	DUP Result	Dilution	DUP RPD	DUP Qualifier	DUP RPD Limits
Analyte	mg/l	mg/l		%		%
Suspended Solids	16400	16600	1	0.727		10

L1750211-06 Original Sample (OS) • Duplicate (DUP)

(OS) L1750211-06 06/28/24 14:27 • (DUP) R4088315-4 06/28/24 14:27

	Original Result	DUP Result	Dilution	DUP RPD	DUP Qualifier	DUP RPD Limits
Analyte	mg/l	mg/l		%		%
Suspended Solids	16900	17300	1	2.33		10

Laboratory Control Sample (LCS)

(LCS) R4088315-2 06/28/24 14:27

	Spike Amount	LCS Result	LCS Rec.	Rec. Limits	LCS Qualifier
Analyte	mg/l	mg/l	%	%	
Suspended Solids	879	842	95.8	85.0-115	

1Cp

2Tc

3Ss

4Cn

5Sr

6Qc

7Gl

8Al

9Sc

Method Blank (MB)

(MB) R4087593-1 06/28/24 04:10

Analyte	MB Result umhos/cm	MB Qualifier	MB MDL umhos/cm	MB RDL umhos/cm
Specific Conductance	<1.00		1.00	1.00

Sample Narrative:

BLANK: at 25C

L1750107-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1750107-02 06/28/24 04:10 • (DUP) R4087593-3 06/28/24 04:10

Analyte	Original Result umhos/cm	DUP Result umhos/cm	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Specific Conductance	1760	1760	1	0.000		20

Sample Narrative:

OS: at 25C

DUP: at 25C

Laboratory Control Sample (LCS)

(LCS) R4087593-2 06/28/24 04:10

Analyte	Spike Amount umhos/cm	LCS Result umhos/cm	LCS Rec. %	Rec. Limits %	LCS Qualifier
Specific Conductance	200	198	99.2	80.0-120	

Sample Narrative:

LCS: at 25C



Method Blank (MB)

(MB) R4089607-1 07/02/24 11:38

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Oil & Grease (Hexane Extr)	<0.350		0.350	5.00

Laboratory Control Sample (LCS) • Laboratory Control Sample Duplicate (LCSD)

(LCS) R4089607-2 07/02/24 11:38 • (LCSD) R4089607-3 07/02/24 11:38

Analyte	Spike Amount mg/l	LCS Result mg/l	LCSD Result mg/l	LCS Rec. %	LCSD Rec. %	Rec. Limits %	LCS Qualifier	LCSD Qualifier	RPD %	RPD Limits %
Oil & Grease (Hexane Extr)	40.0	36.4	34.8	91.0	87.0	78.0-114			4.49	18

<sup>1</sup>Cp

<sup>2</sup>Tc

<sup>3</sup>Ss

<sup>4</sup>Cn

<sup>5</sup>Sr

<sup>6</sup>Qc

<sup>7</sup>Gl

<sup>8</sup>Al

<sup>9</sup>Sc



Method Blank (MB)

(MB) R4088730-1 07/01/24 10:46

	MB Result	<u>MB Qualifier</u>	MB MDL	MB RDL
Analyte	mg/l		mg/l	mg/l
Alkalinity	<20.0		20.0	20.0
Alkalinity,Bicarbonate	<20.0		20.0	20.0
Alkalinity,Carbonate	<20.0		20.0	20.0
Alkalinity,Hydroxide	<20.0		20.0	20.0
Phenolphthalein Alkalinity	<20.0		20.0	20.0

L1750107-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1750107-02 07/01/24 10:46 • (DUP) R4088730-3 07/01/24 10:46

	Original Result	DUP Result	Dilution	DUP RPD	<u>DUP Qualifier</u>	DUP RPD Limits
Analyte	mg/l	mg/l		%		%
Alkalinity	110	113	1	2.25		20

Laboratory Control Sample (LCS)

(LCS) R4088730-2 07/01/24 10:46

	Spike Amount	LCS Result	LCS Rec.	Rec. Limits	<u>LCS Qualifier</u>
Analyte	mg/l	mg/l	%	%	
Alkalinity	250	240	96.0	90.0-110	

<sup>1</sup>Cp

<sup>2</sup>Tc

<sup>3</sup>Ss

<sup>4</sup>Cn

<sup>5</sup>Sr

<sup>6</sup>Qc

<sup>7</sup>Gl

<sup>8</sup>Al

<sup>9</sup>Sc

Method Blank (MB)

(MB) R4093552-1 07/13/24 02:58

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Chloride	<0.379		0.379	1.00
Fluoride	<0.0640		0.0640	0.150
Sulfate	<0.594		0.594	5.00

L1750075-01 Original Sample (OS) • Duplicate (DUP)

(OS) L1750075-01 07/13/24 03:37 • (DUP) R4093552-3 07/13/24 03:50

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Chloride	16.0	16.0	1	0.0100		15
Fluoride	0.0945	0.0954	1	0.948	U	15
Sulfate	7.23	7.15	1	1.09		15

L1750469-20 Original Sample (OS) • Duplicate (DUP)

(OS) L1750469-20 07/13/24 09:11 • (DUP) R4093552-6 07/13/24 09:23

Analyte	Original Result mg/l	DUP Result mg/l	Dilution	DUP RPD %	DUP Qualifier	DUP RPD Limits %
Chloride	98.4	98.4	1	0.0200		15
Fluoride	0.140	0.150	1	7.16		15

Laboratory Control Sample (LCS)

(LCS) R4093552-2 07/13/24 03:11

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Chloride	40.0	39.5	98.9	90.0-110	
Fluoride	8.00	8.31	104	90.0-110	
Sulfate	40.0	39.7	99.2	90.0-110	

L1750075-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1750075-01 07/13/24 03:37 • (MS) R4093552-4 07/13/24 04:03 • (MSD) R4093552-5 07/13/24 04:16

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Chloride	40.0	16.0	52.4	52.4	91.0	91.1	1	80.0-120			0.113	15
Fluoride	8.00	0.0945	8.29	8.29	102	102	1	80.0-120			0.0169	15

1  
Cp

2  
Tc

3  
Ss

4  
Cn

5  
Sr

6  
Qc

7  
Gl

8  
Al

9  
Sc

L1750075-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1750075-01 07/13/24 03:37 • (MS) R4093552-4 07/13/24 04:03 • (MSD) R4093552-5 07/13/24 04:16

Analyte	Spike Amount	Original Result	MS Result	MSD Result	MS Rec.	MSD Rec.	Dilution	Rec. Limits	<u>MS Qualifier</u>	<u>MSD Qualifier</u>	RPD	RPD Limits
	mg/l	mg/l	mg/l	mg/l	%	%		%			%	%
Sulfate	40.0	7.23	45.7	45.7	96.3	96.3	1	80.0-120			0.0216	15

L1750469-20 Original Sample (OS) • Matrix Spike (MS)

(OS) L1750469-20 07/13/24 09:11 • (MS) R4093552-7 07/13/24 09:36

Analyte	Spike Amount	Original Result	MS Result	MS Rec.	Dilution	Rec. Limits	<u>MS Qualifier</u>
	mg/l	mg/l	mg/l	%		%	
Chloride	40.0	98.4	118	49.1	1	80.0-120	<u>J6</u>
Fluoride	8.00	0.140	8.17	100	1	80.0-120	

<sup>1</sup>Cp

<sup>2</sup>Tc

<sup>3</sup>Ss

<sup>4</sup>Cn

<sup>5</sup>Sr

<sup>6</sup>Qc

<sup>7</sup>Gl

<sup>8</sup>Al

<sup>9</sup>Sc

Method Blank (MB)

(MB) R4087532-1 06/27/24 19:56

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Kjeldahl Nitrogen, TKN	<0.140		0.140	0.250

Laboratory Control Sample (LCS)

(LCS) R4087532-2 06/27/24 19:58

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Kjeldahl Nitrogen, TKN	4.00	4.39	110	90.0-110	

L1748331-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1748331-01 06/27/24 20:00 • (MS) R4087532-3 06/27/24 20:06 • (MSD) R4087532-4 06/27/24 20:08

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Kjeldahl Nitrogen, TKN	4.00	0.489	4.93	5.04	111	114	1	90.0-110	J5	J5	2.21	20

1  
Cp

2  
Tc

3  
Ss

4  
Cn

5  
Sr

6  
Qc

7  
Gl

8  
Al

9  
Sc

Method Blank (MB)

(MB) R4088968-1 07/01/24 17:50

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Phosphorus,Total	<0.0152		0.0152	0.0500

Laboratory Control Sample (LCS)

(LCS) R4088968-2 07/01/24 17:50

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Phosphorus,Total	0.500	0.527	105	80.0-120	

L1750626-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1750626-02 07/01/24 17:51 • (MS) R4088968-3 07/01/24 17:51 • (MSD) R4088968-4 07/01/24 17:52

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Phosphorus,Total	0.500	0.0249	0.560	0.561	107	107	1	80.0-120			0.210	20

L1751145-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1751145-02 07/01/24 17:51 • (MS) R4088968-5 07/01/24 17:51 • (MSD) R4088968-6 07/01/24 17:52

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Phosphorus,Total	0.500	0.0261	0.567	0.568	108	108	1	80.0-120			0.208	20

1Cp

2Tc

3Ss

4Cn

5Sr

6Qc

7Gl

8Al

9Sc

Method Blank (MB)

(MB) R4088672-1 07/01/24 12:05

	MB Result	MB Qualifier	MB MDL	MB RDL
Analyte	mg/l		mg/l	mg/l
CBOD	0.360	B1	0.200	0.200

L1750626-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1750626-02 07/01/24 12:51 • (DUP) R4088672-3 07/01/24 13:02

	Original Result	DUP Result	Dilution	DUP RPD	DUP Qualifier	DUP RPD Limits
Analyte	mg/l	mg/l		%		%
CBOD	1.53	<1.50	1	200	P1	20

L1750665-02 Original Sample (OS) • Duplicate (DUP)

(OS) L1750665-02 07/01/24 12:57 • (DUP) R4088672-4 07/01/24 13:04

	Original Result	DUP Result	Dilution	DUP RPD	DUP Qualifier	DUP RPD Limits
Analyte	mg/l	mg/l		%		%
CBOD	<1.50	<1.50	1	0		20

Laboratory Control Sample (LCS)

(LCS) R4088672-2 07/01/24 12:11

	Spike Amount	LCS Result	LCS Rec.	Rec. Limits	LCS Qualifier
Analyte	mg/l	mg/l	%	%	
CBOD	198	179	90.3	85-115	

1Cp

2Tc

3Ss

4Cn

5Sr

6Qc

7Gl

8Al

9Sc

Method Blank (MB)

(MB) R4089187-1 07/01/24 17:02

	MB Result	MB Qualifier	MB MDL	MB RDL
Analyte	mg/l		mg/l	mg/l
Ammonia Nitrogen	<0.0280		0.0280	0.100

Laboratory Control Sample (LCS)

(LCS) R4089187-2 07/01/24 17:04

	Spike Amount	LCS Result	LCS Rec.	Rec. Limits	LCS Qualifier
Analyte	mg/l	mg/l	%	%	
Ammonia Nitrogen	5.00	5.16	103	80.0-120	

L1748756-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1748756-01 07/01/24 17:13 • (MS) R4089187-3 07/01/24 17:06 • (MSD) R4089187-4 07/01/24 17:07

	Spike Amount	Original Result	MS Result	MSD Result	MS Rec.	MSD Rec.	Dilution	Rec. Limits	MS Qualifier	MSD Qualifier	RPD	RPD Limits
Analyte	mg/l	mg/l	mg/l	mg/l	%	%		%			%	%
Ammonia Nitrogen	5.00	0.101	5.01	5.01	98.2	98.2	1	80.0-120			0.000	20

L1750016-02 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1750016-02 07/01/24 17:18 • (MS) R4089187-5 07/01/24 17:09 • (MSD) R4089187-6 07/01/24 17:11

	Spike Amount	Original Result	MS Result	MSD Result	MS Rec.	MSD Rec.	Dilution	Rec. Limits	MS Qualifier	MSD Qualifier	RPD	RPD Limits
Analyte	mg/l	mg/l	mg/l	mg/l	%	%		%			%	%
Ammonia Nitrogen	5.00	0.0659	4.87	4.88	96.1	96.3	1	80.0-120			0.205	20

1Cp

2Tc

3Ss

4Cn

5Sr

6Qc

7Gl

8Al

9Sc

Method Blank (MB)

(MB) R4087835-1 06/28/24 13:07

Analyte	MB Result mg/l	MB Qualifier	MB MDL mg/l	MB RDL mg/l
Aluminum	<0.0353		0.0353	0.500

Laboratory Control Sample (LCS)

(LCS) R4087835-2 06/28/24 13:11

Analyte	Spike Amount mg/l	LCS Result mg/l	LCS Rec. %	Rec. Limits %	LCS Qualifier
Aluminum	10.0	10.3	103	85.0-115	

L1750661-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1750661-01 06/28/24 13:15 • (MS) R4087835-3 06/28/24 13:19 • (MSD) R4087835-4 06/28/24 13:22

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Aluminum	10.0	0.573	10.9	10.8	103	102	1	70.0-130			0.647	20

L1750667-01 Original Sample (OS) • Matrix Spike (MS) • Matrix Spike Duplicate (MSD)

(OS) L1750667-01 06/28/24 13:26 • (MS) R4087835-5 06/28/24 13:30 • (MSD) R4087835-6 06/28/24 13:34

Analyte	Spike Amount mg/l	Original Result mg/l	MS Result mg/l	MSD Result mg/l	MS Rec. %	MSD Rec. %	Dilution	Rec. Limits %	MS Qualifier	MSD Qualifier	RPD %	RPD Limits %
Aluminum	10.0	0.219	10.7	10.5	104	103	1	70.0-130			1.13	20

1  
Cp

2  
Tc

3  
Ss

4  
Cn

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Sr

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Qc

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Gl

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Al

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Sc



# GLOSSARY OF TERMS

## Guide to Reading and Understanding Your Laboratory Report

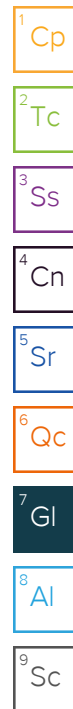
The information below is designed to better explain the various terms used in your report of analytical results from the Laboratory. This is not intended as a comprehensive explanation, and if you have additional questions please contact your project representative.

Results Disclaimer - Information that may be provided by the customer, and contained within this report, include Permit Limits, Project Name, Sample ID, Sample Matrix, Sample Preservation, Field Blanks, Field Spikes, Field Duplicates, On-Site Data, Sampling Collection Dates/Times, and Sampling Location. Results relate to the accuracy of this information provided, and as the samples are received.

### Abbreviations and Definitions

MDL	Method Detection Limit.
RDL	Reported Detection Limit.
Rec.	Recovery.
RPD	Relative Percent Difference.
SDG	Sample Delivery Group.
Analyte	The name of the particular compound or analysis performed. Some Analyses and Methods will have multiple analytes reported.
Dilution	If the sample matrix contains an interfering material, the sample preparation volume or weight values differ from the standard, or if concentrations of analytes in the sample are higher than the highest limit of concentration that the laboratory can accurately report, the sample may be diluted for analysis. If a value different than 1 is used in this field, the result reported has already been corrected for this factor.
Limits	These are the target % recovery ranges or % difference value that the laboratory has historically determined as normal for the method and analyte being reported. Successful QC Sample analysis will target all analytes recovered or duplicated within these ranges.
Original Sample	The non-spiked sample in the prep batch used to determine the Relative Percent Difference (RPD) from a quality control sample. The Original Sample may not be included within the reported SDG.
Qualifier	This column provides a letter and/or number designation that corresponds to additional information concerning the result reported. If a Qualifier is present, a definition per Qualifier is provided within the Glossary and Definitions page and potentially a discussion of possible implications of the Qualifier in the Case Narrative if applicable.
Result	The actual analytical final result (corrected for any sample specific characteristics) reported for your sample. If there was no measurable result returned for a specific analyte, the result in this column may state "ND" (Not Detected) or "BDL" (Below Detectable Levels). The information in the results column should always be accompanied by either an MDL (Method Detection Limit) or RDL (Reporting Detection Limit) that defines the lowest value that the laboratory could detect or report for this analyte.
Uncertainty (Radiochemistry)	Confidence level of 2 sigma.
Case Narrative (Cn)	A brief discussion about the included sample results, including a discussion of any non-conformances to protocol observed either at sample receipt by the laboratory from the field or during the analytical process. If present, there will be a section in the Case Narrative to discuss the meaning of any data qualifiers used in the report.
Quality Control Summary (Qc)	This section of the report includes the results of the laboratory quality control analyses required by procedure or analytical methods to assist in evaluating the validity of the results reported for your samples. These analyses are not being performed on your samples typically, but on laboratory generated material.
Sample Chain of Custody (Sc)	This is the document created in the field when your samples were initially collected. This is used to verify the time and date of collection, the person collecting the samples, and the analyses that the laboratory is requested to perform. This chain of custody also documents all persons (excluding commercial shippers) that have had control or possession of the samples from the time of collection until delivery to the laboratory for analysis.
Sample Results (Sr)	This section of your report will provide the results of all testing performed on your samples. These results are provided by sample ID and are separated by the analyses performed on each sample. The header line of each analysis section for each sample will provide the name and method number for the analysis reported.
Sample Summary (Ss)	This section of the Analytical Report defines the specific analyses performed for each sample ID, including the dates and times of preparation and/or analysis.

Qualifier	Description
B1	The blank depletion was greater than the recommended maximum depletion of 0.2mg/L.
J	The identification of the analyte is acceptable; the reported value is an estimate.
J3	The associated batch QC was outside the established quality control range for precision.
J5	The sample matrix interfered with the ability to make any accurate determination; spike value is high.
J6	The sample matrix interfered with the ability to make any accurate determination; spike value is low.
P1	RPD value not applicable for sample concentrations less than 5 times the reporting limit.



# ACCREDITATIONS & LOCATIONS

## Pace Analytical National 12065 Lebanon Rd Mount Juliet, TN 37122

Alabama	40660	Nebraska	NE-OS-15-05
Alaska	17-026	Nevada	TN000032021-1
Arizona	AZ0612	New Hampshire	2975
Arkansas	88-0469	New Jersey–NELAP	TN002
California	2932	New Mexico <sup>1</sup>	TN00003
Colorado	TN00003	New York	11742
Connecticut	PH-0197	North Carolina	Env375
Florida	E87487	North Carolina <sup>1</sup>	DW21704
Georgia	NELAP	North Carolina <sup>3</sup>	41
Georgia <sup>1</sup>	923	North Dakota	R-140
Idaho	TN00003	Ohio–VAP	CL0069
Illinois	200008	Oklahoma	9915
Indiana	C-TN-01	Oregon	TN200002
Iowa	364	Pennsylvania	68-02979
Kansas	E-10277	Rhode Island	LA000356
Kentucky <sup>1,6</sup>	KY90010	South Carolina	84004002
Kentucky <sup>2</sup>	16	South Dakota	n/a
Louisiana	AI30792	Tennessee <sup>1,4</sup>	2006
Louisiana	LA018	Texas	T104704245-20-18
Maine	TN00003	Texas <sup>5</sup>	LAB0152
Maryland	324	Utah	TN000032021-11
Massachusetts	M-TN003	Vermont	VT2006
Michigan	9958	Virginia	110033
Minnesota	047-999-395	Washington	C847
Mississippi	TN00003	West Virginia	233
Missouri	340	Wisconsin	998093910
Montana	CERT0086	Wyoming	A2LA
A2LA – ISO 17025	1461.01	AIHA-LAP, LLC EMLAP	100789
A2LA – ISO 17025 <sup>5</sup>	1461.02	DOD	1461.01
Canada	1461.01	USDA	P330-15-00234
EPA–Crypto	TN00003		

## Pace Analytical Services, LLC -Dallas 400 W. Bethany Drive Suite 190 Allen, TX 75013

Arkansas	88-0647	Kansas	E10388
Florida	E871118	Texas	T104704232-23-39
Iowa	408	Oklahoma	8727
Louisiana	30686		

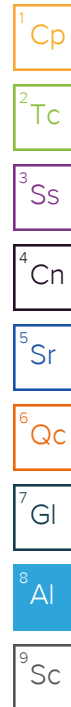
## Pace Analytical Services, LLC -Dallas 1606 E. Brazos Street Suite D Victoria, TX 77901

Texas	T104704328-23-21
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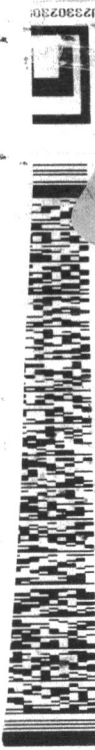
<sup>1</sup> Drinking Water <sup>2</sup> Underground Storage Tanks <sup>3</sup> Aquatic Toxicity <sup>4</sup> Chemical/Microbiological <sup>5</sup> Mold <sup>6</sup> Wastewater n/a Accreditation not applicable

\* Not all certifications held by the laboratory are applicable to the results reported in the attached report.

\* Accreditation is only applicable to the test methods specified on each scope of accreditation held by Pace Analytical.



Company Name/Address: <b>City of Seadrift</b>  P.O. Box 159 Seadrift, TX 77983				Billing Information: <b>Alice Romero</b> P.O. Box 159 Seadrift, TX 77983				Pres Chk		Analysis / Container / Preservative										Chain of Custody    Page ____ of ____	
Report to: <b>Alice Romero</b>				Email To: a.romero@seadrifftx.org; cigarjonestheman@ya						<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Alkalinity/Conductivity 500mlHDPE-NoPres</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Aluminum (200.7) 250mlHDPE HNO3</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Anions:NO3,Cl,SO4,FI 125mlHDPE-NoPres</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Enteroc Microbiological *</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">NH3/TKN 250mlHDPE-H2SO4</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">O&amp;G 1L-Amb-Add HCl</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Phosphorus 500mlHDPE-Add H2SO4</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TDS 500mlHDPE-NoPres</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TSS 1L-HDPE-NoPres</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">cBOD 1L-HDPE NoPres</div> </div>										 <b>ALLEN, TX</b> <small>400 W. Bethany Drive Suite 190 Allen, TX 75013          Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace Terms and Conditions found at:  <a href="https://info.pacelabs.com/hubs/pas-standard-terms.pdf">https://info.pacelabs.com/hubs/pas-standard-terms.pdf</a></small>	
Project Description:				City/State Collected:		Please Circle: PT MT CT ET															
Phone: <b>361-785-2251</b>		Client Project #		Lab Project #																	
Collected by (print): <b>Terrell L Jones</b>		Site/Facility ID #		P.O. #																	
Collected by (signature): 		<b>Rush?</b> (Lab MUST Be Notified) <input type="checkbox"/> Same Day <input type="checkbox"/> Five Day <input type="checkbox"/> Next Day <input type="checkbox"/> 5 Day (Rad Only) <input type="checkbox"/> Two Day <input type="checkbox"/> 10 Day (Rad Only) <input type="checkbox"/> Three Day		Quote #		Date Results Needed		No. of Cntrs													
Immediately Packed on Ice N <input checked="" type="checkbox"/> Y <input type="checkbox"/>																					
Sample ID		Comp/Grab	Matrix *	Depth	Date	Time															
Effluent		Grab	WW		6-25-24	0835	10	X	X	X	X	X	X	X	X	X	X	X	X	Remarks    Sample # (lab only) entero ran @ P1076385 -01 -02	
6-25-24 Seadrift WWTP Permit Renewal ① Dissolved Oxygen - 6.28 ② P.H. - 7.44 ③ Chlorine 1.92																					
* Matrix: SS - Soil    AIR - Air    F - Filter GW - Groundwater    B - Bioassay WW - WasteWater DW - Drinking Water OT - Other				Remarks: Bacti Temp: 3.5/3.6°C    From Operator: 6/25/24 Therm: 1R-17    DO=6.28 / pH=7.44 / Cl2=1.92 pH _____ Temp _____ Flow _____ Other _____										<b>Sample Receipt Checklist</b> COC Seal Present/Intact: <input type="checkbox"/> NP <input type="checkbox"/> Y <input type="checkbox"/> N COC Signed/Accurate: <input type="checkbox"/> Y <input type="checkbox"/> N Bottles arrive intact: <input type="checkbox"/> Y <input type="checkbox"/> N Correct bottles used: <input type="checkbox"/> Y <input type="checkbox"/> N Sufficient volume sent: <input type="checkbox"/> Y <input type="checkbox"/> N If Applicable VOA Zero Headspace: <input type="checkbox"/> Y <input type="checkbox"/> N Preservation Correct/Checked: <input type="checkbox"/> Y <input type="checkbox"/> N RAD Screen <0.5 mR/hr: <input type="checkbox"/> Y <input type="checkbox"/> N							
Samples returned via: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Courier				Tracking # <b>7280 7814 6552</b>										Trip Blank Received: Yes / No HCL / MeOH TBR							
Relinquished by: (Signature) 		Date: <b>6-25-24</b>	Time: <b>1006</b>	Received by: (Signature) 		Temp:    °C    Bottles Received:		If preservation required by Login: Date/Time													
Relinquished by: (Signature) 		Date: <b>6-25-24</b>	Time: <b>1700</b>	Received by: (Signature) <b>FedEx</b>		Date:    Time:		Hold:    Condition: NCF / OK													
Relinquished by: (Signature) <b>FedEx</b>		Date: <b>6/26/24</b>	Time: <b>0910</b>	Received for lab by: (Signature) 		Date:    Time:		Date:    Time:													



FedEx

TRK# 7280 7814 6552

0221

AD DNEA

ST 4 427  
RT  
5 10:30  
D  
6552  
06/26


WE P  
NIGHT

75013  
DFW  
X-US

EXP 03/25



45675684 06/25 58315/B21D/94E3



ANALYTICAL SERVICES

DC#\_Title: ENV-FRM-ALLE-0017 v15\_Sample Condition Upon Receipt

Effective Date: 12/18/2023

Sample Condition Upon Receipt

Client Name: City of Seadrift ☐ Dallas ☐ Ft Worth ☐ Corpus Christi ☐ Austin  
Courier: FedEX ☒ UPS ☐ USPS ☐ Client ☐ LSO ☐ PACE ☐ Other: \_\_\_\_\_  
Tracking #: 7280 7544 6552

Custody Seal on Cooler/Box: Yes ☒ No ☐  
Received on ice: Wet ☒ Blue ☐ No ice ☐  
Receiving Lab 1 Thermometer Used: R19 Cooler Temp °C: 3.9 (Recorded) 40.1 (Correction Factor) 4.0 (Actual)  
Receiving Lab 2 Thermometer Used: \_\_\_\_\_ Cooler Temp °C: \_\_\_\_\_ (Recorded) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

Chain of Custody relinquished	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sampler name & signature on COC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Short HT analyses (<72 hrs)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Temperature should be above freezing to 6°C unless collected same day as receipt in which evidence of cooling is acceptable.

Triage Person: AB Date: 6/26/24

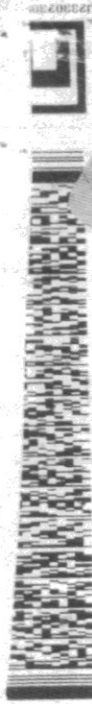
Sufficient Volume received	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Correct Container used	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Container Intact	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sample pH Acceptable	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
pH Strips: <u>6402007</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Residual Chlorine Present	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Cl Strips: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Sulfide Present	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Lead Acetate Strips: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Are soil samples (volatiles, TPH) received in 5035A Kits (not applicable to TCLP VOA or PST Program TPH)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Unpreserved 5035A soil frozen within 48 hrs	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Headspace in VOA (>6mm)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Project sampled in USDA Regulated Area outside of Texas	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
State Sampled: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Non-Conformance(s): _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Login Person: JW Date: 6/26/24

Labeling Person (if different than log-in): \_\_\_\_\_ Date: \_\_\_\_\_



[illegible]



FedEx

TRK# 7280 7814 6552

0221

**AD DNEA**

RT 427  
ST 4

0:30A  
NIGHT

75013  
DFW

IX-US

5  
10:30


D

6552  
06 26



45675684 06/25 583JF/2216/94E3

0297-430 DFW EXP 03/25

 Pace ANALYTICAL SERVICES	DC#_Title: ENV-FRM-ALLE-0017 v15_Sample Condition Upon Receipt
	Effective Date: 12/18/2023

Sample Condition Upon Receipt

Client Name: ☐ Dallas ☐ Ft Worth ☐ Corpus Christi ☐ Austin  
Courier: FedEx ☐ UPS ☐ USPS ☐ Client ☐ LSO ☐ PACE ☐ Other: \_\_\_\_\_  
Tracking #: 750 794 6552

Custody Seal on Cooler/Box: Yes ☒ No ☐

Received on ice: Wet ☒ Blue ☐ No ice ☐

Receiving Lab 1 Thermometer Used: RL9

Cooler Temp °C: 3.9 (Recorded) 4.0 (Actual)  
Cooler Temp °C: \_\_\_\_\_ (Recorded) \_\_\_\_\_ (Actual)

Chain of Custody relinquished	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sampler name & signature on COC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Short HT analyses (<72 hrs)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Temperature should be above freezing to 6°C unless collected same day as receipt in which evidence of cooling is acceptable.

Triage Person: AG Date: 6/26/24

Sufficient Volume received	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Correct Container used	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Container Intact	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sample pH Acceptable	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
pH Strips: <u>6402007</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Residual Chlorine Present	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
CI Strips: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Sulfide Present	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Lead Acetate Strips: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Are soil samples (volatiles, TPH) received in 5035A Kits (not applicable to TCLP VOA or PST Program TPH)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Unpreserved 5035A soil frozen within 48 hrs	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Headspace in VOA (>6mm)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Project sampled in USDA Regulated Area outside of Texas	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
State Sampled: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Non-Conformance(s): _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Login Person: JW Date: 6/26/24

Labeling Person (if different than log-in): \_\_\_\_\_ Date: \_\_\_\_\_

Qualtrax ID: 48806



## Candice Calhoun

---

**From:** Natalia Rodriguez <natalia@environmentalcgroup.com>  
**Sent:** Tuesday, September 17, 2024 6:52 PM  
**To:** Candice Calhoun  
**Subject:** Re: Application to Renew Permit No. WQ0010822001 - City of Seadrift; Seadrift WWTP  
**Attachments:** SPIF\_city of seadrift.pdf; Revised pages.pdf

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

Dear Candice,

Thank you for your email on 9/6/2024. Below you will find an answer to each of the items you asked for.

### **Item 1 – Administrative Report 1.0**

- Section 4, Item B: this has been included and it is attached.
- Section 14, Signature Page – This is in the paper copy.

### **Item 2 – Core Data Form (CDF)**

This was in the paper copy.

### **Item 3 – USGS Map**

This item has been revised and it is attached.

### **Item 4 – Plain Language Summary (PLS)**

Here is the PLS:

The City of Seadrift (CN600342810) owns and operates Seadrift WWTP (RN 101920627) an activated sludge process plant. The facility is located 101 S ORANGE ST in Seadrift Calhoun County, Texas 77983

This application is for a renewal to discharge at an annual average flow of 0.3 million gallons per day of treated domestic wastewater via Outfalls 001. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD5), total suspended solids (TSS), and *Escherichia coli*. Domestic wastewater is treated by an activated sludge process plant and the treatment units include, aeration zones, aerobic digester, clarifier and, chlorine contact zone.

### **Item 5 – Supplemental Permit Information Form (SPIF)**

Attached you will find the SPIF.

### **Item 6 – NORI**

The portion of the NORI is correct.

Please let me know if you have any questions or any additional requests. I'm getting married this weekend and will be off starting tomorrow 9/18 until 9/26. I will keep an eye for emails but just wanted to let you know in case you don't hear from me, I will be back on the 26<sup>th</sup> and I will answer any additional questions you may have.

-Natalia

---

**Natalia Rodríguez Pinilla**

Principal Consultant

ECG

E: [natalia@environmentalcgroup.com](mailto:natalia@environmentalcgroup.com)

T: 832-776-5393

W: [www.environmentalcgroup.com](http://www.environmentalcgroup.com)

---

**From:** Candice Calhoun <[Candice.Calhoun@tceq.texas.gov](mailto:Candice.Calhoun@tceq.texas.gov)>  
**Sent:** Thursday, September 12, 2024 9:23 AM  
**To:** Natalia Rodriguez <[natalia@environmentalcgroup.com](mailto:natalia@environmentalcgroup.com)>  
**Subject:** RE: Application to Renew Permit No. WQ0010822001 - City of Seadrift; Seadrift WWTP

Good morning,

Yes ma'am, of course! And no worries at all, I am glad to assist. 😊

Sounds good!



**Candice Calhoun**

Texas Commission on Environmental

Quality

Water Quality Division

512-239-4312

[candice.calhoun@tceq.texas.gov](mailto:candice.calhoun@tceq.texas.gov)

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

---

**From:** Natalia Rodriguez <[natalia@environmentalcgroup.com](mailto:natalia@environmentalcgroup.com)>  
**Sent:** Thursday, September 12, 2024 10:22 AM  
**To:** Candice Calhoun <[Candice.Calhoun@tceq.texas.gov](mailto:Candice.Calhoun@tceq.texas.gov)>  
**Subject:** Re: Application to Renew Permit No. WQ0010822001 - City of Seadrift; Seadrift WWTP

CN: N/A

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

Prefix: N/A

Last Name, First Name: N/A

Title: N/A

Credential: N/A

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

### C. Core Data Form

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

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

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

A. Prefix: Miss.

Last Name, First Name: Rodriguez, Natalia

Title: Consultant

Credential:

Organization Name Environmental Consulting Group

Mailing Address: 921 E 800 S

City, State, Zip Code: Salt Lake City, UT 84102

Phone No.: 832-776-5393

E-mail Address: natalia@environmentalCgroup.com

Check one or both: ☒

Administrative Contact

☒

Technical Contact

→ B. Prefix: Mr.

Last Name, First Name: Jones, Terrell

Title: Utilities

Credential:

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

Phone No.: (361) 785-2251

E-mail Address: seadrift@tisd.net

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: Jones, Terrell

Title: WWTP Operator

Credential: Click to enter text.

Organization Name: City of Seadrift

Mailing Address: P.O. Box 159

City, State, Zip Code: Seadrift, TX 77983-0159

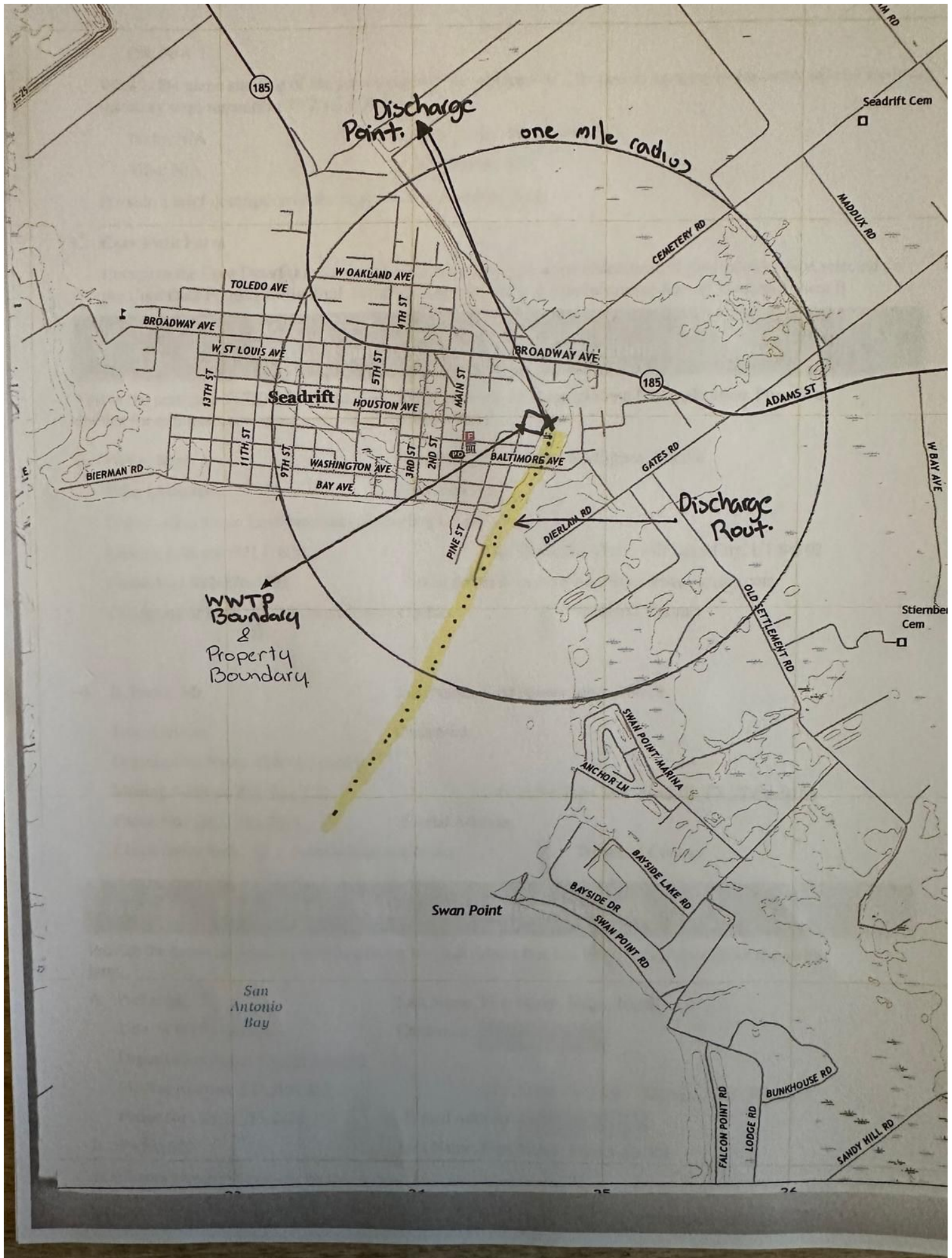
Phone No.: (361) 785-2251

E-mail Address: Click to enter text.

B. Prefix: Mr.

Last Name, First Name: Bryant, Robert





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

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

Permit Number: WQ0010822001

Applicant: City of Seadrift

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): Robert Bryant

Signatory title: Public Works Director

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

(Use blue ink)

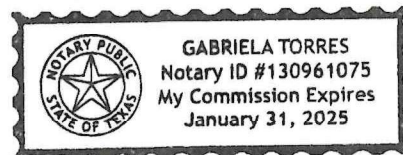
Date: \_\_\_\_\_

Subscribed and Sworn to before me by the said ROBERT BRYANT

on this 15<sup>th</sup> day of AUGUST, 20 24.

My commission expires on the 21<sup>st</sup> day of JANUARY, 20 25.

\_\_\_\_\_  
Notary Public



[SEAL]

CHADWYN  
County, Texas





# 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

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> <b>Renewal</b> (Core Data Form should be submitted with the renewal form)	Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600342810		RN 101608578

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
New Customer		<input checked="" type="checkbox"/> Update to Customer Information		Change in Regulated Entity Ownership	
Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Seadrift					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>		Corporation		Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		Sole Proprietorship		Partnership: General Limited	
				Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
X 0-20   21-100   101-250   251-500   501 and higher				X Yes   No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
Owner   Operator <input checked="" type="checkbox"/> Owner & Operator   Other: _____					
Occupational Licensee   Responsible Party   VCP/BSA Applicant					
<b>15. Mailing Address:</b>					
PO BOX 159					
City		Seadrift		State TX	
ZIP		77983		ZIP + 4	
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				seadrift@tisd.net	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	
( 361 ) 785 - 2251				( ) -	

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)								
New Regulated Entity <input checked="" type="checkbox"/> Update to Regulated Entity Name    Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
City of Seadrift								
<b>23. Street Address of the Regulated Entity:</b> (No PO Boxes)		101 South Orange St						
		City	Seadrift	State	TX	ZIP	77983	ZIP + 4
<b>24. County</b>								
If no Street Address is provided, fields 25-28 are required.								
<b>25. Description to Physical Location:</b>		N/A						
<b>26. Nearest City</b>					<b>State</b>		<b>Nearest ZIP Code</b>	
Seadrift					TX		77983	
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		28.411972			<b>28. Longitude (W) In Decimal:</b>		-96.707166	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
<b>29. Primary SIC Code</b> (4 digits)		<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4941								
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
City Government								
<b>34. Mailing Address:</b>		PO BOX 159						
		City	Seadrift	State	TX	ZIP	77983	ZIP + 4
<b>35. E-Mail Address:</b>		seadriftpwd@tisd.net						
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)		
361 - 785 - 2251						361 - 785 - 2208		

**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.

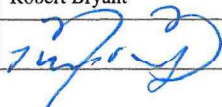
Dam Safety	Districts	Edwards Aquifer	Emissions Inventory Air	Industrial Hazardous Waste
Municipal Solid Waste	New Source Review Air	OSSF	Petroleum Storage Tank	PWS
Sludge	Storm Water	Title V Air	Tires	Used Oil
Voluntary Cleanup	Wastewater	Wastewater Agriculture	Water Rights	Other:
	WQ0010822			

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Natalia Rodriguez	<b>41. Title:</b>	Consultant
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 832 ) 776 - 5393		( ) -	<a href="mailto:natalia@environmentalcgroup.com">natalia@environmentalcgroup.com</a>

## **SECTION V: Authorized Signature**

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

<b>Company:</b>	City of Seadrift	<b>Job Title:</b>	Public Works Director
<b>Name (In Print):</b>	Robert Bryant	<b>Phone:</b>	( 361 ) 785 - 2251
<b>Signature:</b>		<b>Date:</b>	8-21-24



# 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](mailto:WQ-ARPTeam@tceq.texas.gov) or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: City of Seadrift

Permit No. WQ00 10822001

EPA ID No. TX0026671

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

101 S ORANGE ST in Seadrift Calhoun County, Texas 77983

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: Terrell Jone

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

Title: WWTP Operator

Mailing Address: PO BOX 159

City, State, Zip Code: Seadrift, TX 77983

Phone No.: 361 785 2251 Ext.: Fax No.:

E-mail Address: a.romero@seadrifftx.org

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

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

The discharge route is from the plant site to an unnamed ditch; thence to Hallies Bayou; thence to San Antonio Bay/Hynes Bay/Guadalupe Bay/Mission Lake.

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):

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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:

[Click here to enter text.](#)

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

[Click here to enter text.](#)