



Administrative Package Cover Page

This file contains the following documents:

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

Attachment C -

Plain Language Summary

Domestic Wastewater TPDES Renewal Application

Permit No. WQ0010846001

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 Nueces County Water Control and Improvement District No. 4 (CN600789002) operates the North Mustang Island Wastewater Treatment Facility (RN103779104), an activated sludge process plant operating in a complete mix mode. The facility is located at 1500 Ross Ave., City of Port Aransas, Nueces County, Texas, 78373.

This application is for a renewal to discharge at an annual average flow of 2.5 MGD of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and E. coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include plant lift station, influent structure, grit basin, aeration basins, final clarifiers, and chlorine contact chamber. Sludge processing units include a digester, thickener, sludge belt press dewatering unit, and sludge drying beds.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010846001

APPLICATION. Nueces County Water Control and Improvement District No. 4, 200 Howard Boulevard, Port Aransas, Texas 78373, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010846001 (EPA I.D. No. TX0024287) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 2,500,000 gallons per day. The domestic wastewater water treatment facility is located at 1500 Ross Avenue, in the city of Port Aransas, in Nueces County, Texas 78373. The discharge route is from the plant site to a freshwater pond; thence to a freshwater marsh; thence to the East Flats portion of the Corpus Christi Bay. TCEQ received this application on December 20, 2024. The permit application will be available for viewing and copying at Nueces County Water Control and Improvement District No. 4, 200 Howard Boulevard, Port Aransas, in Nueces County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.078055,27.826111&level=18>

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from Nueces County Water Control and Improvement District No. 4 at the address stated above or by calling Mr. Scott Mack, Manager, at 361-749-5201.

Issuance Date: January 16, 2025

Permit Renewal
For
Port Aransas, TX
Nueces County Water Control and
Improvement District No. 4

North Mustang Island Wastewater
Treatment Facility

Permit No. WQ0010846001

December 16, 2024

Executive Director
Applications Review and Processing Team (MC148)
Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, Texas 78753

Re: North Mustang Island Wastewater Treatment Plant
Permit Renewal (Discharge Permit No. WQ0010846001)
City of Port Aransas, Texas

Dear Sir or Madame:

Please find enclosed for your review and approval, the permit renewal application package for the North Mustang Island Wastewater Treatment Plant. The package includes the Core Data Form, Administrative Report, Technical Report, Exhibits and Attachments.

Payment in the amount of \$2,015.00 for processing the permit renewal application has been submitted to the TCEQ Financial Administration Division under a separate cover.

One (1) original and two (2) hard copies of the permit renewal package have been mailed.

If you have any questions regarding the submission package please feel free to contact me at 361-854-3101.

Sincerely,

URBAN ENGINEERING



Brian Wik, P.E.

BDW/

Enclosures



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600789002		RN 103779104

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)					
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership							
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)							
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>							
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>			
Nueces County Water Control & Improvement District No. 4							
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)		
N/A		N/A		746025884	N/A		
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited		
Government: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:			
12. Number of Employees				13. Independently Owned and Operated?			
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following							
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:							
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant							
15. Mailing Address:		Nueces County Water Control & Improvement District No. 4					
		200 Howard Blvd.					
		City	Port Aransas	State	TX	ZIP	78373
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)			
N/A				smack@ncwcid4.org			
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)			

SECTION III: Regulated Entity Information**21. General Regulated Entity Information** (If 'New Regulated Entity' is selected, a new permit application is also required.)
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☒ Update to Regulated Entity Information

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

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

North Mustang Island Wastewater Treatment Facility

23. Street Address of the Regulated Entity:(No PO Boxes)

1500 Ross Avenue

City

Port Aransas

State

TX

ZIP

78373

ZIP + 4

24. County

Nueces

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

25. Description to Physical Location:

N/A

26. Nearest City

State

Nearest ZIP Code

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

27. Latitude (N) In Decimal:

27.826709

28. Longitude (W) In Decimal:

(-)97.078408

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

27

49

36

(-)97

04

42

29. Primary SIC Code

(4 digits)

30. Secondary SIC Code

(4 digits)

31. Primary NAICS Code

(5 or 6 digits)

32. Secondary NAICS Code

(5 or 6 digits)

4952

N/A

22132

N/A

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

Wastewater Treatment

34. Mailing Address:

Nueces County Water Control & Improvement District No. 4

200 Howard Blvd.

City

Port Aransas

State

TX

ZIP

78373

ZIP + 4

35. E-Mail Address:

smack@ncwcid4.org

36. Telephone Number**37. Extension or Code****38. Fax Number** (if applicable)

(361) 749-5201

N/A

() -0

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

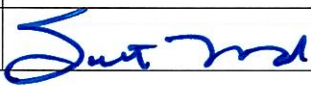
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review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

SECTION IV: Preparer Information

40. Name:	Brian Wik, P.E.			41. Title:	Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(361) 854-3101	N/A	() -	bwik@dccm.com		

SECTION V: Authorized Signature

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

Company:	NCWCID No. 4	Job Title:	Manager	
Name (In Print):	Scott Mack	Phone:	(361) 749- 5201	
Signature:			Date:	11-25-24



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Nueces County Water Control & Improvement District No. 4 (NCWCID No.4)

PERMIT NUMBER (If new, leave blank): WQ00 10846001

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

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

For TCEQ Use Only

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number:
Check/Money Order Amount: \$2,015.00
Name Printed on Check: Nueces County Water Control and Imp. District No. 4
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

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

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

f. For existing permits:

Permit Number: WQ00 10846001

EPA I.D. (TPDES only): TX 0024287

Expiration Date: June 18, 2025

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

Nueces County Water Control & Improvement District No. 4 (NCWCID No. 4)

(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: 600789002

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: Mack, Scott

Title: Manager

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:

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:

Last Name, First Name:

Title:

Credential:

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

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.

Section 4. Application Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Mack, Scott
Title: Manager Credential:
Organization Name: Nueces County Water Control & Improvement District No. 4 (NCWCID No. 4)
Mailing Address: 200 Howard Blvd. City, State, Zip Code: Port Aransas, TX 78373
Phone No.: 361-749-5201 E-mail Address: smack@ncwcid4.org
Check one or both: ☒ Administrative Contact ☒ Technical Contact
- B. Prefix: Mr. Last Name, First Name: Wik, Brian
Title: Engineer Credential: P.E.
Organization Name: Urban DCCM
Mailing Address: 2725 Swantner Drive City, State, Zip Code: Corpus Christi, TX 78404
Phone No.: 361-854-3101 E-mail Address: bwik@dccm.com
Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

- A. Prefix: Mr. Last Name, First Name: Garcia, Chris
Title: President Credential:
Organization Name: NCWCID No. 4
Mailing Address: 200 Howard Blvd. City, State, Zip Code: Port Aransas, TX 78373
Phone No.: 361-749-5201 E-mail Address:

B. Prefix: Mr. Last Name, First Name: Sohl, Walter
Title: Vice President Credential:
Organization Name: NCWCID No. 4
Mailing Address: 200 Howard Blvd. City, State, Zip Code: Port Aransas, TX 78373
Phone No.: 361-749-5201 E-mail Address:

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Mack, Scott
Title: Manager Credential:
Organization Name: NCWCID No. 4
Mailing Address: 200 Howard Blvd. City, State, Zip Code: Port Aransas, TX 78373
Phone No.: 361-749-5201 E-mail Address: smack@ncwcid4.org

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

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

Prefix: Mr. Last Name, First Name: Mack, Scott
Title: Manager Credential:
Organization Name: NCWCID No. 4
Mailing Address: 200 Howard Blvd. City, State, Zip Code: Port Aransas, TX 78373
Phone No.: 361-749-5201 E-mail Address: smack@ncwcid4.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Mack, Scott
Title: Manager Credential:
Organization Name: NCWCID No. 4
Mailing Address: 200 Howard Blvd. City, State, Zip Code: Port Aransas, TX 78373
Phone No.: 361-749-5201 E-mail Address: smack@ncwcid4.org

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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mr.

Last Name, First Name: Mack, Scott

Title: Manager

Credential:

Organization Name: NCWCID No. 4

Mailing Address: 200 Howard Blvd.

City, State, Zip Code: Port Aransas, TX 78373

Phone No.: 361-749-5201

E-mail Address: smack@ncwcid4.org

D. Public Viewing Information

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

Public building name: Nueces County Water District Office

Location within the building: Front Desk

Physical Address of Building: 200 Howard Blvd.

City: Port Aransas

County: Nueces

Contact (Last Name, First Name): Mack, Scott

Phone No.: 361-749-5201 Ext.:

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?

F. Plain Language Summary Template

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

Attachment: See Attachment C

G. Public Involvement Plan Form

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

Attachment: N/A

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN 103779104**

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):

North Mustang Island Wastewater Treatment Facility

C. Owner of treatment facility: NCWCID No. 4

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

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

Prefix: Last Name, First Name:

Title: Credential:

Organization Name: NCWCID No. 4

Mailing Address: 200 Howard Blvd. City, State, Zip Code: Port Aransas, TX 78373

Phone No.: 361-749-5201 E-mail Address:

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

Attachment: N/A

E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name:

Title:

Credential:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

E-mail Address:

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:

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

Prefix: N/A

Last Name, First Name:

Title:

Credential:

Organization Name:

Mailing Address:

City, State, Zip Code:

Phone No.:

E-mail Address:

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:

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:

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:

Discharges to a freshwater pond, thence to a freshwater marsh, thence to the East Flats portion of the Corpus Christi Bay in Segment No. 2481 of the Bays and Estuaries.

City nearest the outfall(s): Port Aransas

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

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:

- 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:

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:

- B. City nearest the disposal site:

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

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

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

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.

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:

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number:

Amount past due:

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number:

Amount past due:

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify:

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: 10846001

Applicant: Nueces County Water Control & Improvement District No. 4

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.

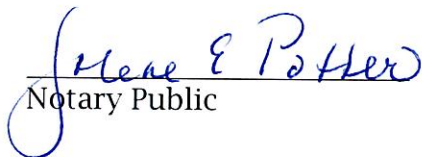
I further certify that I am authorized under 30 Texas Administrative Code § 305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Scott Mack

Signatory title: Manager

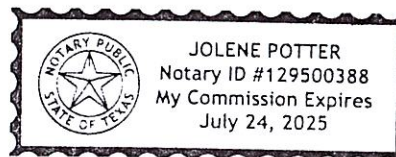
Signature:  Date: 11-25-24
(Use blue ink)

Subscribed and Sworn to before me by the said Scott Mack
on this 25th day of November, 20 24.
My commission expires on the 24th day of July, 20 25.


Notary Public

[SEAL]

Nueces
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: Attachment D

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP Waste Permit No: WQ0010846001

1. Check or Money Order Number:
2. Check or Money Order Amount: \$2,015.00
3. Date of Check or Money Order:
4. Name on Check or Money Order: Nueces County Water Control & Improvement District No. 4
5. APPLICATION INFORMATION

Name of Project or Site: North Mustang Island Wastewater Treatment Facility

Physical Address of Project or Site: 1500 Ross Ave., Port Aransas, TX 78373

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

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): 2.5

2-Hr Peak Flow (MGD): 7.5

Estimated construction start date:

Estimated waste disposal start date: In Operation

B. Interim II Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

C. Final Phase

Design Flow (MGD):

2-Hr Peak Flow (MGD):

Estimated construction start date:

Estimated waste disposal start date:

D. Current Operating Phase

Provide the startup date of the facility:

Section 2. Treatment Process (Instructions Page 43)

A. Current Operating Phase

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

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

See Attachment E

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)
See Attachment F		

C. Process Flow Diagram

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

Attachment: See Attachment G

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

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

- Latitude:
- Longitude:

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

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

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

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

Attachment: See Attachment H

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

Port Aransas, TX.

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served

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.**

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.

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:

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.**

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

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.

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.

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.

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 DF11 or TXRNE

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:

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.

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.

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.

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.

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

1. *Acceptance of sludge from other WWTPs*

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

☐ Yes ☒ No

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

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

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

2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l	5.7	5.7	1	Grab	9-11-24 /0900
Total Suspended Solids, mg/l	8.2	8.2	1	Grab	9-11-24 /0900
Ammonia Nitrogen, mg/l	<0.20	<0.20	1	Grab	9-11-24 /0900
Nitrate Nitrogen, mg/l	19.6	19.6	1	Grab	9-11-24 /0900
Total Kjeldahl Nitrogen, mg/l	<0.50	<0.50	1	Grab	9-11-24 /0900
Sulfate, mg/l	101	101	1	Grab	9-11-24 /0900
Chloride, mg/l	470	470	1	Grab	9-11-24 /0900
Total Phosphorus, mg/l	2.60	2.60	1	Grab	9-11-24 /0900
pH, standard units					
Dissolved Oxygen*, mg/l					
Chlorine Residual, mg/l					
<i>E.coli</i> (CFU/100ml) freshwater					
Enterococci (CFU/100ml) saltwater					
Total Dissolved Solids, mg/l	1210	1210	1	Grab	9-11-24 /0900
Electrical Conductivity, μ mohs/cm, †	2070	2070	1	Grab	9-11-24 /0900
Oil & Grease, mg/l	<5.0	<5.0	1	Grab	9-11-24 /0900
Alkalinity (CaCO ₃)*, mg/l	220	220	1	Grab	9-11-24 /0900

*TPDES permits only

†TLAP permits only

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

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

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: Ryan Christianson

Facility Operator's License Classification and Level: Operator, Level B

Facility Operator's License Number: WW0071731

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

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

Biosolids Management

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

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

D. Disposal site

Disposal site name: Café Valenzuela Landfill

TCEQ permit or registration number: 2269

County where disposal site is located: Nueces

E. Transportation method

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

Name of the hauler: BFI

Hauler registration number: 82972

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:
- USDA Natural Resources Conservation Service Soil Map:
Attachment:
- Federal Emergency Management Map:
Attachment:
- Site map:
Attachment:

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:

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:

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:

Total Kjeldahl Nitrogen, mg/kg:

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

Phosphorus, mg/kg:

Potassium, mg/kg:

pH, standard units:

Ammonia Nitrogen mg/kg:

Arsenic:

Cadmium:

Chromium:

Copper:

Lead:

Mercury:

Molybdenum:

Nickel:

Selenium:

Zinc:

Total PCBs:

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

D. Site development plan

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

Attach the following documents to the application.

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

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:

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:

R10846-001, Effluent Reuse, Effluent is used to irrigate the Palmilla Beach Golf Course.

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:

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:

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: Scott Mack

Title: District Manager

Signature: 

Date: 11-25-24

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

Owner of the drinking water supply:

Distance and direction to the intake:

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

Attachment:

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: Varies, See USGS Map

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).

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).

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: Corpus Christi Bay (East Flats)

A. Receiving water type

Identify the appropriate description of the receiving waters.

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

Surface area, in acres: 1500 acres

Average depth of the entire water body, in feet: 1-2

Average depth of water body within a 500-foot radius of discharge point, in feet:
1

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

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:

C. Downstream perennial confluences

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

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.

E. Normal dry weather characteristics

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

Water was clear and ranged in depth from 1' to 2'.

Date and time of observation: 09/18/19

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 type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: |

B. Waterbody uses

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

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

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 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 checked="" 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): | |

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

For existing authorizations, provide Registration Number: R10846-001

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

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

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N
Golf Course	191	+/- 500,000	Yes

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

Table 3.0(2) – Storage and Evaporation Ponds

Pond Number	Surface Area (acres)	Storage Volume (acre-feet)	Dimensions	Liner Type
Concrete Storage Tank	0.176	2.46	49.33' Radius, 14" Deep	N/A

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

Attachment:

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.

The 100-year flood elevation is at elevation 9.00. The base of the tank is at elevation 5.00, the top of the tank is at elevation 20.00, and there is backfill around the base of the tank that goes up to elevation 16.00.

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

FEMA Flood Maps

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

N/A

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:** N/A

- 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:** Attachment A

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

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

Table 3.0(3) – Water Well Data

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

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

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

Attachment: Attachment I

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:

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:

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: Attachment J

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:

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number
See Attachment K				

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

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
						191
						191
						191
						191
						191
						191
						191
						191
						191
						191
						191
						191
						191

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated
						191
						191
						191
						191
						191
						191
						191
						191
						191
						191
						191
						191

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

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: 9-11-24 @ 0900

Table 4.0(1) – Toxics Analysis

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrylonitrile	<50	<50	1	50
Aldrin	<0.01	<0.01	1	0.01
Aluminum	26.8	26.8	1	2.5
Anthracene	<10	<10	1	10
Antimony	<5	<5	1	5
Arsenic	0.9	0.9	1	0.5
Barium	72.8	72.8	1	3
Benzene	<10	<10	1	10
Benzidine	<50	<50	1	50
Benzo(a)anthracene	<5	<5	1	5
Benzo(a)pyrene	<5	<5	1	5
Bis(2-chloroethyl)ether	<10	<10	1	10
Bis(2-ethylhexyl)phthalate	<10	<10	1	10
Bromodichloromethane	19.4	19.4	1	10
Bromoform	40.5	40.5	1	10
Cadmium	<1	<1	1	1
Carbon Tetrachloride	<2	<2	1	2
Carbaryl	<5	<5	1	5
Chlordane*	<0.2	<0.2	1	0.2
Chlorobenzene	<10	<10	1	10

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Chlorodibromomethane	45.9	45.9	1	10
Chloroform	<10	<10	1	10
Chlorpyrifos	<0.05	<0.05	1	0.05
Chromium (Total)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Chromium (Hex)	<3	<3	1	3
Copper	5.5	5.5	1	2
Chrysene	<5	<5	1	5
p-Chloro-m-Cresol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
p-Cresol	<10	<10	1	10
Cyanide (*2)	<10	<10	1	10
4,4'- DDD	<0.1	<0.1	1	0.1
4,4'- DDE	<0.1	<0.1	1	0.1
4,4'- DDT	<0.02	<0.02	1	0.02
2,4-D	<0.7	<0.7	1	0.7
Demeton (O and S)	<0.20	<0.20	1	0.20
Diazinon	<0.5	<0.5	1	0.5/0.1
1,2-Dibromoethane	<10	<10	1	10
m-Dichlorobenzene	<10	<10	1	10
o-Dichlorobenzene	<10	<10	1	10
p-Dichlorobenzene	<10	<10	1	10
3,3'-Dichlorobenzidine	<5	<5	1	5
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
Dichloromethane	<20	<20	1	20
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropene	<10	<10	1	10
Dicofol	<1	<1	1	1
Dieldrin	<0.02	<0.02	1	0.02
2,4-Dimethylphenol	<10	<10	1	10
Di-n-Butyl Phthalate	<10	<10	1	10
Diuron	<0.09	<0.09	1	0.09

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Endosulfan I (alpha)	<0.01	<0.01	1	0.01
Endosulfan II (beta)	<0.02	<0.02	1	0.02
Endosulfan Sulfate	<0.1	<0.1	1	0.1
Endrin	<0.02	<0.02	1	0.02
Ethylbenzene	<10	<10	1	10
Fluoride	<500	<500	1	500
Guthion	<0.1	<0.1	1	0.1
Heptachlor	<0.01	<0.01	1	0.01
Heptachlor Epoxide	<0.01	<0.01	1	0.01
Hexachlorobenzene	<5	<5	1	5
Hexachlorobutadiene	<10	<10	1	10
Hexachlorocyclohexane (alpha)	<0.05	<0.05	1	0.05
Hexachlorocyclohexane (beta)	<0.05	<0.05	1	0.05
gamma-Hexachlorocyclohexane (Lindane)	<0.05	<0.05	1	0.05
Hexachlorocyclopentadiene	<10	<10	1	10
Hexachloroethane	<20	<20	1	20
Hexachlorophene	<10	<10	1	10
Lead	<0.5	<0.5	1	0.5
Malathion	<0.1	<0.1	1	0.1
Mercury	<0.005	<0.005	1	0.005
Methoxychlor	<2	<2	1	2
Methyl Ethyl Ketone	<50	<50	1	50
Mirex	<0.02	<0.02	1	0.02
Nickel	3.3	3.3	1	2
Nitrate-Nitrogen	19600	19600	1	100
Nitrobenzene	<10	<10	1	10
N-Nitrosodiethylamine	<20	<20	1	20
N-Nitroso-di-n-Butylamine	<20	<20	1	20
Nonylphenol	<333	<333	1	333
Parathion (ethyl)	<0.1	<0.1	1	0.1
Pentachlorobenzene	<20	<20	1	20
Pentachlorophenol	<5	<5	1	5

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Phenanthrene	<10	<10	1	10
Polychlorinated Biphenyls (PCB's) (*3)	<0.2	<0.2	1	0.2
Pyridine	<20	<20	1	20
Selenium	<5	<5	1	5
Silver	<0.5	<0.5	1	0.5
1,2,4,5-Tetrachlorobenzene	<20	<20	1	20
1,1,2,2-Tetrachloroethane	<10	<10	1	10
Tetrachloroethylene	<10	<10	1	10
Thallium	<0.5	<0.5	1	0.5
Toluene	<10	<10	1	10
Toxaphene	<0.3	<0.3	1	0.3
2,4,5-TP (Silvex)	<0.3	<0.3	1	0.3
Tributyltin (see instructions for explanation)	N/A	N/A	N/A	0.01
1,1,1-Trichloroethane	<10	<10	1	10
1,1,2-Trichloroethane	<10	<10	1	10
Trichloroethylene	<10	<10	1	10
2,4,5-Trichlorophenol	<50	<50	1	50
TTHM (Total Trihalomethanes)	105.8	105.8	1	10
Vinyl Chloride	<10	<10	1	10
Zinc	34.2	34.2	1	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: 09-11-24 @ 0900

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

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Antimony	<5	<5	1	5
Arsenic	0.9	0.9	1	0.5
Beryllium	<0.5	<0.5	1	0.5
Cadmium	<1	<1	1	1
Chromium (Total)	<3	<3	1	3
Chromium (Hex)	<3	<3	1	3
Chromium (Tri) (*1)	<3	<3	1	N/A
Copper	5.5	5.5	1	2
Lead	<0.5	<0.5	1	0.5
Mercury	<0.005	<0.005	1	0.005
Nickel	3.3	3.3	1	2
Selenium	<5	<5	1	5
Silver	<0.5	<0.5	1	0.5
Thallium	<0.5	<0.5	1	0.5
Zinc	34.2	34.2	1	5
Cyanide (*2)	<10	<10	1	10
Phenols, Total	<10	<10	1	10

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

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

Table 4.0(2)B – Volatile Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Acrolein	<50	<50	1	50
Acrylonitrile	<50	<50	1	50
Benzene	<10	<10	1	10
Bromoform	40.5	40.5	1	10
Carbon Tetrachloride	<2	<2	1	2
Chlorobenzene	<10	<10	1	10
Chlorodibromomethane	45.9	45.9	1	10
Chloroethane	<50	<50	1	50
2-Chloroethylvinyl Ether	<10	<10	1	10
Chloroform	<10	<10	1	10
Dichlorobromomethane [Bromodichloromethane]	19.4	19.4	1	10
1,1-Dichloroethane	<10	<10	1	10
1,2-Dichloroethane	<10	<10	1	10
1,1-Dichloroethylene	<10	<10	1	10
1,2-Dichloropropane	<10	<10	1	10
1,3-Dichloropropylene [1,3-Dichloropropene]	<10	<10	1	10
1,2-Trans-Dichloroethylene	<10	<10	1	10
Ethylbenzene	<10	<10	1	10
Methyl Bromide	<50	<50	1	50
Methyl Chloride	<50	<50	1	50
Methylene Chloride	<20	<20	1	20
1,1,2,2-Tetrachloroethane	<10	<10	1	10
Tetrachloroethylene	<10	<10	1	10
Toluene	<10	<10	1	10
1,1,1-Trichloroethane	<10	<10	1	10
1,1,2-Trichloroethane	<10	<10	1	10
Trichloroethylene	<10	<10	1	10
Vinyl Chloride	<10	<10	1	10

Table 4.0(2)C – Acid Compounds

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
2-Chlorophenol	<10	<10	1	10
2,4-Dichlorophenol	<10	<10	1	10
2,4-Dimethylphenol	<10	<10	1	10
4,6-Dinitro-o-Cresol	<50	<50	1	50
2,4-Dinitrophenol	<50	<50	1	50
2-Nitrophenol	<20	<20	1	20
4-Nitrophenol	<50	<50	1	50
P-Chloro-m-Cresol	<10	<10	1	10
Pentalchlorophenol	<5	<5	1	5
Phenol	<10	<10	1	10
2,4,6-Trichlorophenol	<10	<10	1	10

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E - Pesticides

Pollutant	AVG Effluent Conc. (µg/l)	MAX Effluent Conc. (µg/l)	Number of Samples	MAL (µg/l)
Aldrin	<0.01	<0.01	1	0.01
alpha-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
beta-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
gamma-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
delta-BHC (Hexachlorocyclohexane)	<0.05	<0.05	1	0.05
Chlordane	<0.2	<0.2	1	0.2
4,4-DDT	<0.02	<0.02	1	0.02
4,4-DDE	<0.1	<0.1	1	0.1
4,4,-DDD	<0.1	<0.1	1	0.1
Dieldrin	<0.02	<0.02	1	0.02
Endosulfan I (alpha)	<0.01	<0.01	1	0.01
Endosulfan II (beta)	<0.02	<0.02	1	0.02
Endosulfan Sulfate	<0.1	<0.1	1	0.1
Endrin	<0.02	<0.02	1	0.02
Endrin Aldehyde	<0.1	<0.1	1	0.1
Heptachlor	<0.01	<0.01	1	0.01
Heptachlor Epoxide	<0.01	<0.01	1	0.01
PCB-1242	<0.2	<0.2	1	0.2
PCB-1254	<0.2	<0.2	1	0.2
PCB-1221	<0.2	<0.2	1	0.2
PCB-1232	<0.2	<0.2	1	0.2
PCB-1248	<0.2	<0.2	1	0.2
PCB-1260	<0.2	<0.2	1	0.2
PCB-1016	<0.2	<0.2	1	0.2
Toxaphene	<0.3	<0.3	1	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.

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.

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:

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

48-hour Acute:

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.

--

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

Test Date	Test Species	NOEC Survival	NOEC Sub-lethal

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 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: N/A

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: N/A

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.

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.

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.

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.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

D. Industrial user interruptions

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

☐ Yes ☐ No

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

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

A. General information

Company Name: N/A

SIC Code:

Contact name:

Address:

City, State, and Zip Code:

Telephone number:

Email address:

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).

C. Product and service information

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

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day:

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day:

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:

Category:

Subcategories:

Category:

Subcategories:

Category:

Subcategories:

Category:

Subcategories:

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

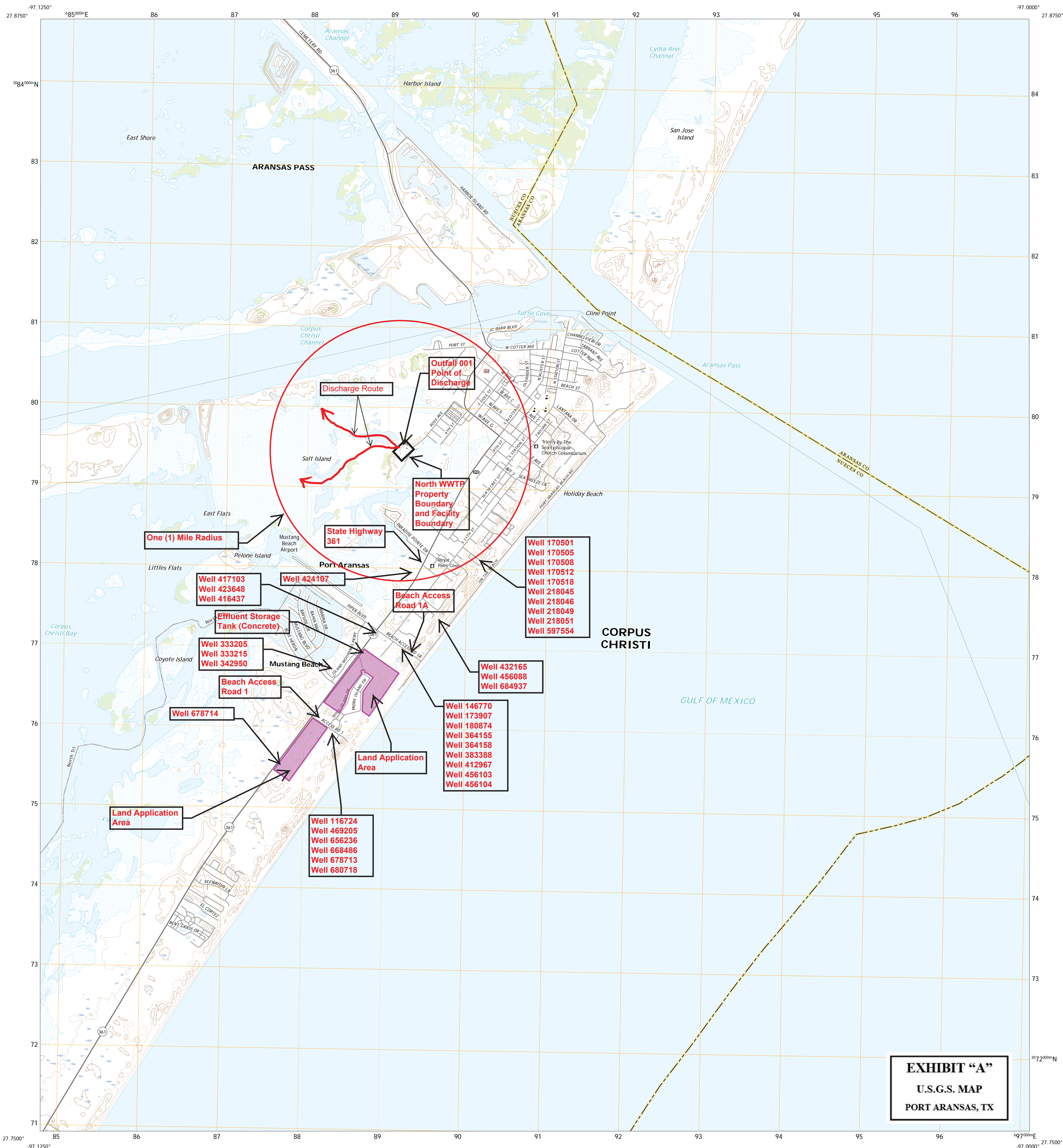
If yes, identify the SIU, describe each episode, including dates, duration, description of problems, and probable pollutants.

--

Attachment Index

Attachment A.....	USGS Map
Attachment B.....	Copy of Application Fee Check
Attachment C.....	Plain Language Summary
Attachment D.....	Supplemental Permit Information Form
Attachment E.....	Current Operating Phase
Attachment F	Treatment Units
Attachment G	Flow Diagram
Attachment H.....	Site Drawing
Attachment I	Water Well Information
Attachment J	Soils Map
Attachment K.....	Soils Data
Attachment L	Effluent Test Results from Laboratory

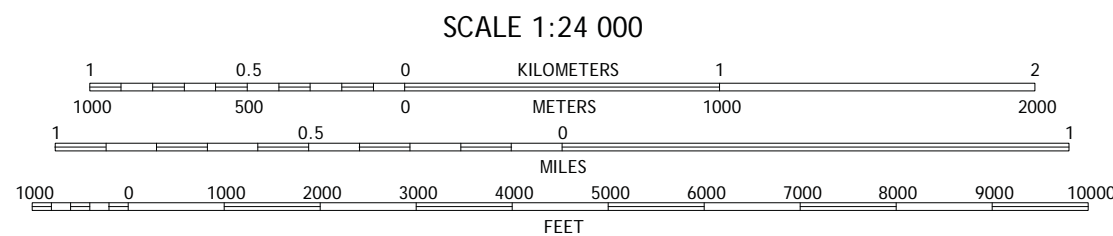
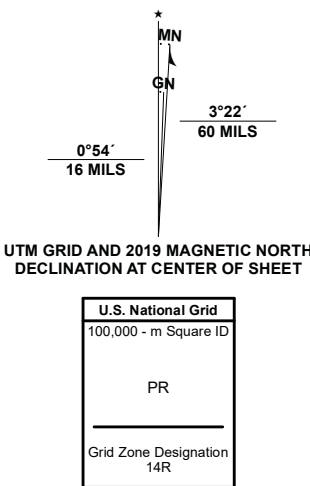
Attachment A –
USGS Map



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84) Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery.....NAIP, September 2016 - December 2016
Roads.....U.S. Census Bureau 2015 - 2018
Names.....GNIS, 1979 - 2022
Hydrography.....National Hydrography Dataset, 2004 - 2018
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



This map was produced to conform with the
National Geospatial Program US Topo Product Standard.



1	2	3
4	5	6

1 Aransas Pass
2 Estes
3 Allens Bight
4 Port Ingleside
5 Crane Islands NW
6 Crane Islands NW OE E

ROAD CLASSIFICATION
Expressway
Secondary Hwy
Ramp
Interstate Route
Local Connector
Local Road
4WD
US Route
State Route

PORT ARANSAS, TX

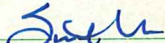
2022



Attachment B –

Copy of Application Fee Check

TCEQ01-157 Texas Commission Environmental Quality			CK DT: 12/18/2024	CK # 54441	
Date	Invoice Number	Invoice Amount	Discount	Amount Paid	Check Memo
12/17/2024	2025 WASTE PERMIT NO. W	2,015.00	0.00	2,015.00	
	Check Total	2,015.00	0.00	2,015.00	

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM		54441 88-328/1149	
NUECES COUNTY WATER CONTROL & IMPROVEMENT DISTRICT NO. 4 200 HOWARD BLVD PORT ARANSAS, TX 78373 (361) 749-5201		AMERICAN BANK (800) 257-8316 americanbank.com	
		CHECK AMOUNT ID NUMBER	
TWO THOUSAND FIFTEEN AND XX / 100 DOLLARS		DATE	AMOUNT
		12/18/2024	\$2,015.00
PAY TO THE ORDER OF	Texas Commission Environmental Quality Finance Admin Division Cashier's Office, MC-214 P.O. Box 13088 AUSTIN, TX 78711-3088	VOID VALID VA ALID VALID NV VOID VALID VA ALID VALID NV	 AUTHORIZED SIGNATURE
1105444111 11149032841 10013261611		HEAT SENSITIVE 88-328/1149	

54441

TCEQ01-157		Texas Commission Environmental Quality		CK DT: 12/18/2024	CK # 54441
Date	Invoice Number	Invoice Amount	Discount	Amount Paid	Check Memo
12/17/2024	2025 WASTE PERMIT NO. W	2,015.00	0.00	2,015.00	
	Check Totals	2,015.00	0.00	2,015.00	





200 howard boulevard • port aransas, texas 78373

office 361.749.5201 • fax 361.749.5799

December 17, 2024

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

Re: North Mustang Island Wastewater Treatment Facility
Permit Renewal (Discharge Permit No. 10846-001)
City of Port Aransas, Texas

Dear Mr. Sir or Madame:

Please find enclosed a check in the amount of \$2,015.00 for processing the permit renewal application for the above noted WWTP.

The application package has been submitted under a separate cover to the Water Quality Division – Application Review and Processing Team, for review.

If you have any questions regarding this matter please feel free to contact me at our offices or Brian Wik of Urban DCCM at 361-339-2085.

Sincerely,

Nueces County Water Control
and Improvement District No. 4

A handwritten signature in blue ink, appearing to read "Scott Mack".

Scott Mack, Manager

SM/

Enclosure

Attachment C –
Plain Language Summary

Attachment C -

Plain Language Summary

Domestic Wastewater TPDES Renewal Application

Permit No. WQ0010846001

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 Nueces County Water Control and Improvement District No. 4 (CN600789002) operates the North Mustang Island Wastewater Treatment Facility (RN103779104), an activated sludge process plant operating in a complete mix mode. The facility is located at 1500 Ross Ave., City of Port Aransas, Nueces County, Texas, 78373.

This application is for a renewal to discharge at an annual average flow of 2.5 MGD of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and E. coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include plant lift station, influent structure, grit basin, aeration basins, final clarifiers, and chlorine contact chamber. Sludge processing units include a digester, thickener, sludge belt press dewatering unit, and sludge drying beds.

Attachment D –
Supplemental Permit Information Form (SPIF)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: NCWCID No. 4

Permit No. WQ00 10846-001

EPA ID No. TX 0024287

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

1500 Ross Avenue, Port Aransas, Nueces County, TX 78373

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: Scott Mack

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

Title: Manager

Mailing Address: 200 Howard Blvd.

City, State, Zip Code: Port Aransas, TX 78373

Phone No.: 361-749-5201 Ext.: Fax No.:

E-mail Address: smack@ncwcid4.org

2. List the county in which the facility is located: Nueces
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.

Discharges to a freshwater pond, thence to a freshwater marsh, thence to the East Flats portion of the Corpus Christi Bay in Segment No. 2481 of the Bays and Estuaries.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

N/A

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

N/A

Attachment E –

Treatment Process Description

Attachment E – Treatment **Process Description**

A. GENERAL

The wastewater treatment plant uses complete mix treatment mode of the activated sludge process.

B. TREATMENT PROCESS DESCRIPTION

All flow is pumped into the Influent Structure from offsite lift stations and from the plant lift station. The raw wastewater flows through the Influent Structure where debris is screened out and grit is removed, then flows to Splitter Box No. 1 where it is mixed with the R.A.S. from the Clarifiers and the mixed flow is then split between Aeration Basin No. 1, No. 2 and No. 3. Mixed liquor leaves the aeration basins and flows through the Clarifiers, solids settle out and are pumped as R.A.S. to Splitter Box No. 1 and the clear water effluent flows over the Clarifier weirs and flows to the Chlorine Contact Chamber where it is chlorinated and then de-chlorinated before being discharged as treated effluent. Settled solids in the Clarifiers are also pumped as W.A.S. to the Aerobic Digestion for sludge stabilization. Waste solids flow through the Aerobic Digester and is circulated through the gravity Thickener for thickening, settled thickened solids are airlift pumped back into the Aerobic Digester for continued stabilization and supernatant flows over weirs and is returned to the Plant Lift Station. Periodically the stabilized solids are pumped to the Sludge Belt Press facility for solids dewatering. Filtrate from the Belt Press returns to the Plant Lift Station and dried solids are taken to the landfill.

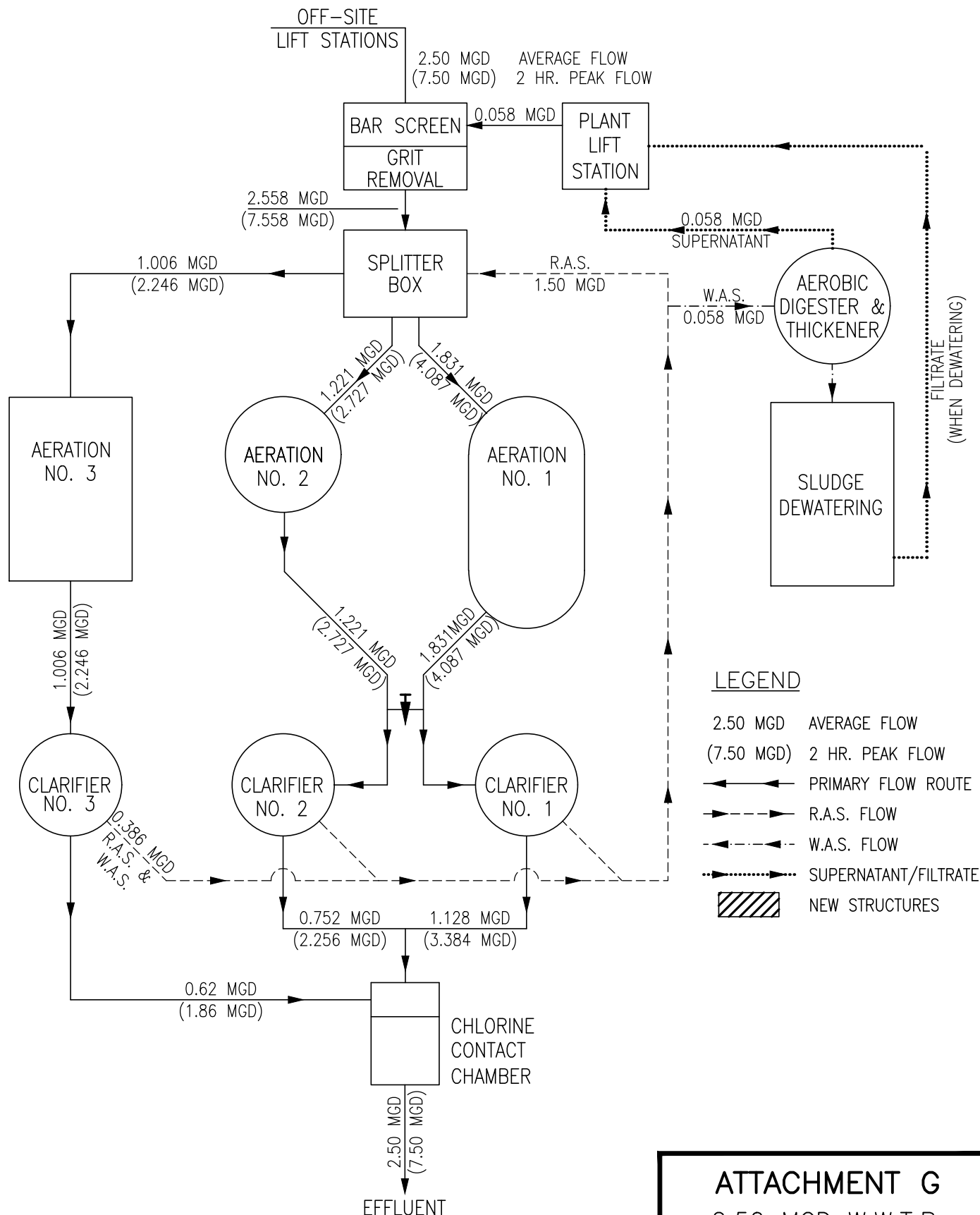
Attachment F –
Treatment Units

Attachment F – Treatment Units

A. TREATMENT UNITS

Treatment Units	# of Units	Dimensions (LxWxD)
Plant Lift Station	1	6' dia. x 4' SWD
Influent Structure	2	Manual and Mechanical Bar Screens
Grit Basin	1	14' x 14' x 12' SWD
Aeration Basin No. 1	1	44' x 194' x 11.25' SWD
Aeration Basin No. 2	1	65' dia. x 14.75' SWD
Final Clarifier No. 1 & 2	2	60' dia. x 12' SWD
Chlorine Contact Chamber	2	10' x 60' x 9.2'
Aerobic Digester and Thickener	1	65' dia. x 14.75' SWD
Sludge Drying Beds	3	45' x 69'
Sludge Drying Beds	10	47' x 62'
Grit Removal and Splitter Box	1	-
Aeration Basin No. 3	1	10' x 20' x 15' SWD
Clarifier No. 3	1	50' Dia. x 12' SWD
Chlorine Contact Chamber	1	3,500 CF
Filter Belt Press	1	1.5 Meter Belt

Attachment G –
Flow Diagram

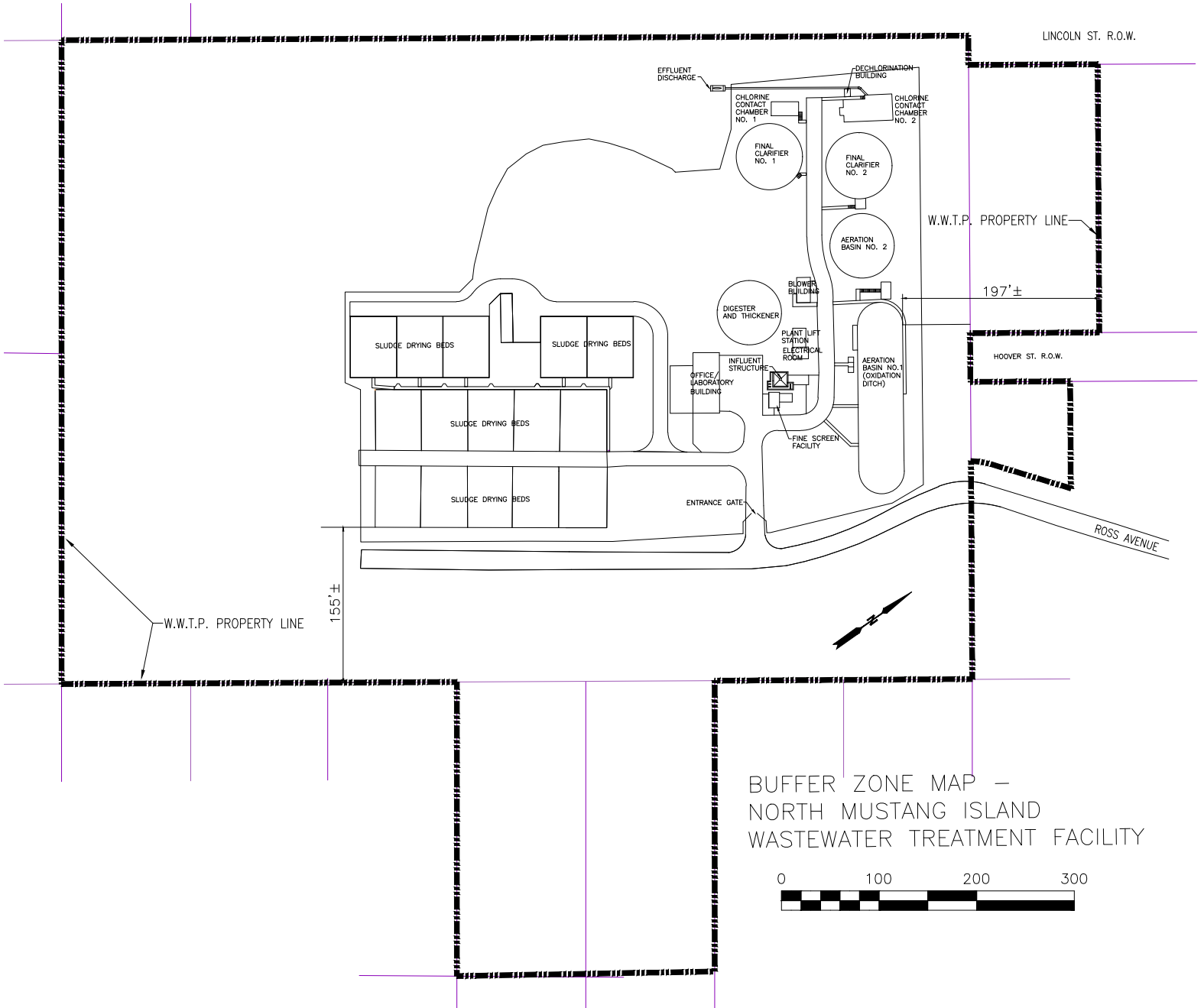


ATTACHMENT G

2.50 MGD W.W.T.P.
FLOW DIAGRAM

PORT ARANSAS, TEXAS

Attachment H –
Site Drawing



Attachment I –
Water Well Information

STATE OF TEXAS WELL REPORT for Tracking #116724

Owner: **Jedi Co Bill Jones**

Owner Well #: **No Data**

Address: **Corpus Christi, TX**

Grid #: **83-16-4**

Well Location: **hwy 361
Port Aransas, TX**

Latitude: **27° 47' 43" N**

Longitude: **097° 05' 18" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **6/27/2007**

Drilling End Date: **6/27/2007**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	8	0	27

Drilling Method: **Jetted; jetted surface casing**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	10	27	Gravel	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	13 cement

Seal Method: **mixed and poured**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **4 ft. below land surface on 2007-06-27**

Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **Jetted** **Yield: 17 GPM with 20 ft. drawdown after .5 hours**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	surface

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling**
P O Box 1473
Aransas Pass, TX 78335

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	27	sand

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4	new	pvc	0-10
4	new	pvc screen	10-27 .008

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #146770

Owner: **On the Beach Rv**

Owner Well #: **3**

Address: **907 Beach Acc Rd 1 A
Port Aransas, TX**

Grid #: **83-16-5**

Well Location: **907 Beach Acc Rd 1 A
Port Aransas, TX**

Latitude: **27° 48' 15" N**

Longitude: **097° 04' 43" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **7/16/2008**

Drilling End Date: **7/17/2008**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	27

Drilling Method: **Jetted**

Borehole Completion: **Unknown**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	7	5 cement

Seal Method: **mixed and pored**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **6 ft. below land surface on 2008-07-16**

Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **26**

Well Tests: **Pump**

Yield: 17 GPM with 20 ft. drawdown after 1 hours

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	good with iron

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling**
P O Box 1473
Aransas Pass, TX 78335

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	27	sand

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4	new	pvc	0-7
4	new	pvc screen	7-27 .010

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #170501

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Owner Well #: **#1**
Grid #: **83-16-5**
Latitude: **27° 48' 49" N**
Longitude: **097° 04' 13" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **1/26/2009**

Drilling End Date: **1/26/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	37

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	37	2

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Sealed By: **Driller**

Distance to Property Line (ft.): **21**

Distance to Septic Field or other
concentrated contamination (ft.): **400**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **17 ft. below land surface on 2009-01-26** Measurement Method: **Unknown**

Packers: **UMBRELLA 19 & 22**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **10 GPM**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**
P.O. BOX 856
WOODSBORO, TX 78393

Driller Name: **LUKE WALLACE** License Number: **54604**

Apprentice Name: **ERNEST ORTEGA** Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	15	SAND
15	37	SAND & SHELL

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4 IN NEW PLASTIC SCREEN SLOTTED 22 - 37			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #170505

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Owner Well #: **#2**
Grid #: **83-16-5**
Latitude: **27° 48' 48" N**
Longitude: **097° 04' 12" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **2/5/2009**

Drilling End Date: **2/5/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	37

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	37	2

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Sealed By: **Driller**

Distance to Property Line (ft.): **20**

Distance to Septic Field or other
concentrated contamination (ft.): **400**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **16 ft. below land surface on 2009-02-05** Measurement Method: **Unknown**

Packers: **UMBRELLA 19 & 22**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **15 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**
P.O. BOX 856
WOODSBORO, TX 78393

Driller Name: **LUKE WALLACE** License Number: **54604**

Apprentice Name: **ERNEST ORTEGA** Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	37	SAND

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
4 IN NEW PLASTIC SCREEN SLOTTED 22 - 37			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #170508

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Owner Well #: **#3**
Grid #: **83-16-5**
Latitude: **27° 48' 50" N**
Longitude: **097° 04' 15" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **2/5/2009**

Drilling End Date: **2/5/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	37

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	37	2

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Sealed By: **Driller**

Distance to Property Line (ft.): **22**

Distance to Septic Field or other
concentrated contamination (ft.): **400**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **16 ft. below land surface on 2009-02-05** Measurement Method: **Unknown**

Packers: **UMBRELLA 19 & 22**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **12 GPM**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**
P.O. BOX 856
WOODSBORO, TX 78393

Driller Name: **LUKE WALLACE** License Number: **54604**

Apprentice Name: **ERNEST ORTEGA** Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	37	SAND

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4 IN NEW PLASTIC SCREEN SLOTTED 22 - 37			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #170512

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Owner Well #: **#4**
Grid #: **83-16-5**
Latitude: **27° 48' 50" N**
Longitude: **097° 04' 14" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **2/6/2009**

Drilling End Date: **2/6/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	37

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	37	2

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Sealed By: **Driller**

Distance to Property Line (ft.): **22**

Distance to Septic Field or other
concentrated contamination (ft.): **400**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **16 ft. below land surface on 2009-02-06** Measurement Method: **Unknown**

Packers: **UMBRELLA 19 & 22**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **16 GPM**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**
P.O. BOX 856
WOODSBORO, TX 78393

Driller Name: **LUKE WALLACE** License Number: **54604**

Apprentice Name: **ERNEST ORTEGA** Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	37	SAND

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4IN NEW PLASTIC SCREEN SLOTTED 22 - 37			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #170518

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Owner Well #: **#6**
Grid #: **83-16-5**
Latitude: **27° 48' 50" N**
Longitude: **097° 04' 13" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **2/9/2009**

Drilling End Date: **2/9/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	37

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	7	37	2

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Sealed By: **Driller**

Distance to Property Line (ft.): **22**

Distance to Septic Field or other
concentrated contamination (ft.): **400**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **16 ft. below land surface on 2009-02-09** Measurement Method: **Unknown**

Packers: **UMBRELLA 19 & 22**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **14 GPM**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **Unknown**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**

**P.O. BOX 856
WOODSBORO, TX 78393**

Driller Name: **LUKE WALLACE**

License Number: **54604**

Apprentice Name: **ERNEST ORTEGA**

Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	37	SAND

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4 IN NEW PLASTIC SCREEN SLOTTED 22 - 33			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #173907

Owner: **On the Beach Rv Park**

Owner Well #: **No Data**

Address: **Beach Rd
Port Aransas, TX**

Grid #: **83-16-5**

Well Location: **No Data**

Latitude: **27° 48' 14" N**

Longitude: **097° 04' 40" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **4/2/2009**

Drilling End Date: **4/2/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	27

Drilling Method: **Jetted**

Borehole Completion: **Unknown**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	7	4 cement

Seal Method: **mixed and pored**

Distance to Property Line (ft.): **No Data**

Sealed By: **MIKES DRILLING**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **7 ft. below land surface on 2009-04-02**

Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **25**

Well Tests: **Pump**

Yield: 15 GPM with 25 ft. drawdown after .5 hours

Water Quality:

Strata Depth (ft.)	Water Type
No Data	good...has Tannines

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
Po Box 1473
Aransas Pass, TX 78335

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **Updated lat/long by TWDB on 7/23/2014.**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	27	sand

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
4	new	pvc	0-7
4	new	pvc screen	7-27 .008

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #180874

Owner: **On the Beach RV Park**

Owner Well #: **No Data**

Address: **Port Aransas, TX**

Grid #: **83-16-5**

Well Location: **Port Aransas, TX**

Latitude: **27° 48' 15" N**

Longitude: **097° 04' 42" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **6/3/2009**

Drilling End Date: **6/4/2009**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	28

Drilling Method: **Jetted**

Borehole Completion: **Open Hole**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	8	4 cement

Seal Method: **Mixed and pored**

Distance to Property Line (ft.): **No Data**

Sealed By: **Mikes Drilling**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **8 ft. below land surface on 2009-06-04**

Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **27**

Well Tests: **Pump**

Yield: 16 GPM with 25 ft. drawdown after .5 hours

Water Quality:

Strata Depth (ft.)	Water Type
No Data	Good with Tannis

Chemical Analysis Made: No

Did the driller knowingly penetrate any strata which
contained injurious constituents?: No

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O box 1473
Aransas Pass, TX 78335

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	28	sand

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
4	new	pvc	0-8
4	new	pvc screen	8-28 .010

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #218045

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Owner Well #: **#1**
Grid #: **83-16-5**
Latitude: **27° 48' 46" N**
Longitude: **097° 04' 17" W**
Elevation: **No Data**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **4/14/2010**

Drilling End Date: **4/14/2010**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	25

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	1

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Distance to Property Line (ft.): **30**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **100**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **6 ft. below land surface on 2010-04-14** Measurement Method: **Unknown**

Packers: **UMBRELLA 10**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **9 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **Unknown**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**
P.O. BOX 856
WOODSBORO, TX 78393

Driller Name: **LUKE WALLACE** License Number: **54604**

Apprentice Name: **ERNEST ORTEGA** Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	15	SAND
15	25	SAND & SHELL

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
4 IN NEW PLASTIC SCREEN SLOTTED 10 - 25			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #218046

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Owner Well #: **#2**
Grid #: **83-16-5**
Latitude: **27° 48' 46" N**
Longitude: **097° 04' 18" W**
Elevation: **No Data**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **4/14/2010**

Drilling End Date: **4/14/2010**

Borehole:

<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
7	0	25

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

Annular Seal Data:

<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
0	10	1

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Distance to Property Line (ft.): **30**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **140**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **6 ft. below land surface on 2010-04-14**

Measurement Method: **Unknown**

Packers: **UMBRELLA 10**

Type of Pump: **Submersible**

Well Tests: **Jetted** **Yield: 9 GPM**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**

**P.O. BOX 856
WOODSBORO, TX 78393**

Driller Name: **LUKE WALLACE**

License Number: **54604**

Apprentice Name: **ERNEST ORTEGA**

Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	15	SAND
15	25	SAND & SHELL

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
4 IN NEW PLASTIC SCREEN SLOTTED 10 - 25			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #218049

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CARTP
PORT ARANSAS, TX 78373**
Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**
Well County: **Nueces**

Owner Well #: **#4**
Grid #: **83-16-5**
Latitude: **27° 48' 45" N**
Longitude: **097° 04' 18" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **4/15/2010**

Drilling End Date: **4/15/2010**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	25

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	1

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Distance to Property Line (ft.): **30**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **220**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **4 ft. below land surface on 2010-04-15** Measurement Method: **Unknown**

Packers: **UMBRELLA 10 - 25**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **11 GPM**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**

**P.O. BOX 856
WOODSBORO, TX 78393**

Driller Name: **LUKE WALLACE**

License Number: **54604**

Apprentice Name: **ERNEST ORTEGA**

Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	15	SAND
15	25	SAND & SHELL

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4 IN NEW PLASTIC SCREEN SLOTTED 10 - 25			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #218051

Owner: **ISLAND RETREAT CONDOS**
Address: **700 ISLAND RETREAT CART
PORT ARANSAS, TX 78373**

Owner Well #: **#6**
Grid #: **83-16-5**
Latitude: **27° 48' 44" N**
Longitude: **097° 04' 19" W**
Elevation: **No Data**

Well Location: **ISLAND RETREAT RD.
PORT ARANSAS, TX**

Well County: **Nueces**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **4/16/2010**

Drilling End Date: **4/16/2010**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	25

Drilling Method: **Mud (Hydraulic) Rotary**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	1

Seal Method: **PRESSURE GROUTED
TREMIE-PIPE**

Distance to Property Line (ft.): **30**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **300**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **TAPELINE**

Surface Completion: **Surface Sleeve Installed**

Water Level: **3 ft. below land surface on 2010-04-16** Measurement Method: **Unknown**

Packers: **UMBRELLA 10**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **14 GPM**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **CARTER WATER WELL DRILLING**

**P.O. BOX 856
WOODSBORO, TX 78393**

Driller Name: **LUKE WALLACE**

License Number: **54604**

Apprentice Name: **ERNEST ORTEGA**

Apprentice Number: **57693**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	15	SAND
15	25	SAND & SHELL

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4 IN NEW PLASTIC SCREEN SLOTTED 10 - 25			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #333205

Owner: **Mornings of must and island**

Owner Well #: **No Data**

Address: **Island mornings.
Port aransas,**

Grid #: **83-16-4**

Well Location: **No Data**

Latitude: **27° 48' 08" N**

Longitude: **097° 05' 18" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Test Well**

Drilling Start Date: **7/22/2013**

Drilling End Date: **7/22/2013**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	21

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	3 cement

Seal Method: **Mixed and poured**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **7 ft. below land surface on 2013-07-22**

Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **Pump**

Yield: 18 GPM with 20 ft. drawdown after .5 hours

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	Tannins. Surface water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes drilling**
PO box 2363.
Aransas pass, TX 78336

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	21	sand

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4.	New.	PVC.	0-11
4.	New.	PVC screen.	11-21. .008

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #333215

Owner: **Mornings of must and island**

Owner Well #: **1**

Address: **Island mornings.
Port aransas,**

Grid #: **83-16-4**

Well Location: **No Data**

Latitude: **27° 48' 10" N**

Longitude: **097° 05' 18" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Test Well**

Drilling Start Date: **8/7/2013**

Drilling End Date: **8/7/2013**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	26

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	10	3 cement

Seal Method: **Mixed and poured**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **7 ft. below land surface on 2013-07-22**

Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **Pump**

Yield: 18 GPM with 20 ft. drawdown after .5 hours

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	Tannins. Surface water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes drilling**
PO box 2363.
Aransas pass, TX 78336

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	26	Sand

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4.	New.	PVC.	0-16
4.	New.	PVC screen.	16-26. .008

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #342950

Owner:	Morrings	Owner Well #:	6
Address:	Hwy 361 Port Aransas, TX	Grid #:	83-16-4
Well Location:	Hwy 361 Port Aransas, TX	Latitude:	27° 48' 06" N
Well County:	Nueces	Longitude:	097° 05' 15" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Irrigation

Drilling Start Date: **10/9/2013** Drilling End Date: **10/9/2013**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	27

Drilling Method: **Jetted**

Borehole Completion: **Unknown**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	2	2 cement
	2	7	1 bentonite

Seal Method: **mixed and poured**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level:	5 ft. below land surface on No Data	Measurement Method:	Unknown
Packers:	No Data		
Type of Pump:	Submersible	Pump Depth (ft.):	21
Well Tests:	Pump	Yield:	25 GPM with 17 ft. drawdown after .5 hours

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	Tannins/surface water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	27	sand

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4	new	pvc	0-7
4	new	pvc screen	7-27 .008

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #364155

Owner: **Executive Keys**
Address: **800 Acess Rd 1A
Port Aransas, TX**
Well Location: **800 Acess Rd 1A
Port Aransas, TX**
Well County: **Nueces**

Owner Well #: **3**
Grid #: **83-16-5**
Latitude: **27° 48' 13" N**
Longitude: **097° 04' 45" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **5/28/2014**

Drilling End Date: **5/28/2014**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	27

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	5	4 cement

Seal Method: **mixed and poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **No Data**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Water Level: **5 ft. below land surface on 2014-05-28** Measurement Method: **Unknown**

Packers: **No Data**

Type of Pump: **Submersible**

Well Tests: **Pump** Yield: **18 GPM with 20 ft. drawdown after .5 hours**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	Surface with Tannins

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	27	sand

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4 new Pvc 0-15			
4 New Pvc Screen 15-27 .008			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #383388

Owner:	Steve frank	Owner Well #:	2
Address:	3306 On The Beach. Port Aransa Port aransas, TX	Grid #:	83-16-5
Well Location:	No Data	Latitude:	27° 48' 15" N
		Longitude:	097° 04' 37" W
Well County:	Nueces	Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Domestic

Drilling Start Date: 12/12/2014 Drilling End Date: 12/12/2014

	Diameter (in.)	Top Depth (ft.)	Bottom Depth (ft.)
Borehole:	7	0	28

Drilling Method: Jetted

Borehole Completion: Unknown

	Top Depth (ft.)	Bottom Depth (ft.)	Description (number of sacks & material)
Annular Seal Data:	0	2	2 cement
	2	18	1 bentonite

Seal Method: Teemmie line grout pump

Distance to Property Line (ft.): 5

Sealed By: Driller

Distance to Septic Field or other
concentrated contamination (ft.): No Data

Distance to Septic Tank (ft.): No Data

Method of Verification: No Data

Surface Completion: Surface Sleeve Installed

Water Level: 4 ft. below land surface on 2014-12-12 Measurement Method: Unknown

Packers: No Data

Type of Pump: Submersible Pump Depth (ft.): 20

Well Tests: Pump Yield: 20 GPM with 15 ft. drawdown after 1 hours

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	Fresh surface water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes drilling**
PO box 2363
Aransas pass, TX 78336

Driller Name: **Michael Deyo** License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	28	sand

<i>Dia. (in.)</i>	<i>New/Used</i>	<i>Type</i>	<i>Setting From/To (ft.)</i>
4.	New.	PVC.	0-18
4.	New.	PVC. Screen.	18-28. .008

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #412967

Owner:	Rick Smith	Owner Well #:	No Data
Address:	16-17 On the beach Port Aransas, TX 78373	Grid #:	83-16-5
Well Location:	16-17 On the beach Port Aransas, TX 78373	Latitude:	27° 48' 16" N
Well County:	Nueces	Longitude:	097° 04' 36" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Domestic

Drilling Start Date: **1/6/2016**

Drilling End Date: **1/13/2016**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	27

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	17	Cement 5 Bags/Sacks

Seal Method: **Poured**

Distance to Property Line (ft.): **8**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **55**

Distance to Septic Tank (ft.): **55**

Method of Verification: **tape**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level: **4 ft. below land surface on 2016-01-13** Measurement Method: **Air Line**

Packers: **Rubber at 17 ft.**

Type of Pump: **Submersible**

Well Tests: **Jetted** Yield: **18 GPM with 20 ft. drawdown after 1 hours**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	27	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Dia (in.)</i>	<i>Type</i>	<i>Material</i>	<i>Sch./Gage</i>	<i>Top (ft.)</i>	<i>Bottom (ft.)</i>
4		New Plastic (PVC)	40	0	17
4	Screen	New Plastic (PVC)	40 0.007	17	27

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #424107

Owner: **Port A Rv Resort**

Owner Well #: **2**

Address: **Hwy 361
Port Aransas, TX 78373**

Grid #: **83-16-5**

Well Location: **Hwy 361
Port Aransas, TX 78373**

Latitude: **27° 48' 47" N**

Longitude: **097° 04' 38" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **6/9/2016**

Drilling End Date: **6/9/2016**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	28

Drilling Method: **Jetted**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	18	28	Sand	

Annular Seal Data: **No Data**

Seal Method: **Poured**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Septic**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level: **1 ft. below land surface on 2016-06-09**

Measurement Method: **Weighted Line**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **23**

Well Tests: **Pump**

Yield: 21 GPM with 20 ft. drawdown after .5 hours

Water Quality:

Strata Depth (ft.)	Water Type
1 - 28	surface

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	28	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	18
4	Screen	New Plastic (PVC)	40 0.008	18	28

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #456088

Owner:	Joseph Cabella	Owner Well #:	No Data
Address:	@17 mile marker on the beach Port Aransas, TX 78373	Grid #:	83-16-5
Well Location:	@17 mile marker on the beach Port Aransas, TX 78373	Latitude:	27° 48' 37" N
Well County:	Nueces	Longitude:	097° 04' 37" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Domestic

Drilling Start Date: **7/18/2017** Drilling End Date: **7/19/2017**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	24

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	14	Cement 5 Bags/Sacks

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **5**

Distance to Septic Field or other
concentrated contamination (ft.): **51**

Distance to Septic Tank (ft.): **51**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level:	5 ft. below land surface on 2017-07-18	Measurement Method:	Weighted Line
Packers:	Rubber at 14 ft.		
Type of Pump:	Submersible	Pump Depth (ft.):	20
Well Tests:	Pump	Yield: 16 GPM with 21 ft. drawdown after 1 hours	

Water Quality:

Strata Depth (ft.)	Water Type
5 - 24	surface fresh water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	24	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	14
4	Screen	New Plastic (PVC)	40 0.008	14	24

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #456103

Owner:	Joseph Cabella	Owner Well #:	No Data
Address:	@17 mile marker on the beach Port Aransas, TX 78373	Grid #:	83-16-5
Well Location:	@17 mile marker on the beach Port Aransas, TX 78373	Latitude:	27° 48' 14" N
Well County:	Nueces	Longitude:	097° 04' 37" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Domestic

Drilling Start Date: **7/18/2017** Drilling End Date: **7/19/2017**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	24

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	14	Cement 5 Bags/Sacks

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **5**

Distance to Septic Field or other
concentrated contamination (ft.): **51**

Distance to Septic Tank (ft.): **51**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level:	5 ft. below land surface on 2017-07-18	Measurement Method:	Weighted Line
Packers:	Rubber at 14 ft.		
Type of Pump:	Submersible	Pump Depth (ft.):	20
Well Tests:	Pump	Yield: 16 GPM with 21 ft. drawdown after 1 hours	

Water Quality:

Strata Depth (ft.)	Water Type
5 - 24	surface fresh water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	24	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	14
4	Screen	New Plastic (PVC)	40 0.008	14	24

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #456104

Owner:	Joseph Cabella	Owner Well #:	No Data
Address:	@17 mile marker on the beach Port Aransas, TX 78373	Grid #:	83-16-5
Well Location:	@17 mile marker on the beach Port Aransas, TX 78373	Latitude:	27° 48' 13" N
Well County:	Nueces	Longitude:	097° 04' 37" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Domestic

Drilling Start Date: **7/18/2017** Drilling End Date: **7/19/2017**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	24

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	14	Cement 5 Bags/Sacks

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **5**

Distance to Septic Field or other
concentrated contamination (ft.): **51**

Distance to Septic Tank (ft.): **51**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level:	5 ft. below land surface on 2017-07-18	Measurement Method:	Weighted Line
Packers:	Rubber at 14 ft.		
Type of Pump:	Submersible	Pump Depth (ft.):	20
Well Tests:	Pump	Yield: 16 GPM with 21 ft. drawdown after 1 hours	

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
5 - 24	surface fresh water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	24	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Dia (in.)</i>	<i>Type</i>	<i>Material</i>	<i>Sch./Gage</i>	<i>Top (ft.)</i>	<i>Bottom (ft.)</i>
4		New Plastic (PVC)	40	0	14
4	Screen	New Plastic (PVC)	40 0.008	14	24

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #469205

Owner: **Legacy DCS Sunflower Cabin**

Owner Well #: **No Data**

Address: **Hwy 361
Port Aransas , TX 78373**

Grid #: **83-16-4**

Well Location: **Hwy 361
Port Aransas, TX 78373**

Latitude: **27° 47' 42" N**

Longitude: **097° 05' 19" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **1/23/2018**

Drilling End Date: **1/23/2018**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	27

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	17	Cement 6 Bags/Sacks

Seal Method: **Poured**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Septic**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level: **4 ft. below land surface on 2018-01-23**

Measurement Method: **Steel Tape**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **-26**

Well Tests: **Pump**

Yield: 16 GPM with 10 ft. drawdown after .5 hours

Water Quality:

Strata Depth (ft.)	Water Type
4 - 27	Surface with tannins/ Fresh

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **Will Be used for pond irrigation supply**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	27	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	17
4	Screen	New Plastic (PVC)	40 0.008	17	27

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #597554

Owner: **Loco Ocean LLC**
Address: **2122 On the beach
Port Aransas, TX 78373**
Well Location: **2122 On the beach
Port Aransas, TX 78373**
Well County: **Nueces**

Owner Well #: **No Data**
Grid #: **83-16-5**
Latitude: **27° 48' 46" N**
Longitude: **097° 04' 15" W**
Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **2/16/2022**

Drilling End Date: **2/16/2022**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	27

Drilling Method: **Jetted**

Borehole Completion: **Straight Wall**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	17	Cement 5 Bags/Sacks

Seal Method: **Hand Mixed**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level: **1 ft. below land surface on 2022-02-16**

Measurement Method: **Weighted Line**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **21**

Well Tests: **Pump**

Yield: 16 GPM with 12 ft. drawdown after 1 hours

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
17 - 27	fresh/surface water

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	12	white sand
12	27	gray sand

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Dia (in.)</i>	<i>Type</i>	<i>Material</i>	<i>Sch./Gage</i>	<i>Top (ft.)</i>	<i>Bottom (ft.)</i>
4		New Plastic (PVC)		0	17
4	Screen	New Plastic (PVC)	0.008	17	27

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #656236

Owner: **Palmilla Beach**

Owner Well #: **No Data**

Address: **Beach rd 1
Port Aransas , TX 78373**

Grid #: **83-16-4**

Well Location: **Beach rd 1
Port Aransas, TX 78373**

Latitude: **27° 47' 43" N**

Longitude: **097° 05' 26" W**

Well County: **Nueces**

Elevation: **No Data**

Number of Wells Drilled: **4**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **12/26/2023**

Drilling End Date: **12/27/2023**

Borehole:

<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
7	0	26

Drilling Method: **Jetted**

Borehole Completion: **Filter Packed**

Filter Pack Intervals:

<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
16	26	Sand	

Annular Seal Data:

<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
0	16	Cement 5 Bags/Sacks

Seal Method: **Poured**

Distance to Property Line (ft.): **<100 ft**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No septic**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level: **7 ft. below land surface on 2023-12-27**

Measurement Method: **Weighted Line**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **20**

Well Tests: **Pump**

Yield: 16 GPM with 16 ft. drawdown after .5 hours

Water Quality:

Strata Depth (ft.)	Water Type
16 - 26	slite saline with tannins

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	26	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	16
4	Screen	New Plastic (PVC)	40 0.008	16	26

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #668486

Owner: **Sunflower Beach**

Owner Well #: **No Data**

Address: **190 Beach Rd access Rd 1 A
Port Aransas, TX 78373**

Grid #: **83-16-4**

Well Location: **190 Beach Rd access Rd 1 A
Port Aransas, TX 78373**

Latitude: **27° 47' 40" N**

Longitude: **097° 05' 22" W**

Well County: **Nueces**

Elevation: **No Data**

Type of Work: **New Well**

Proposed Use: **Irrigation**

Drilling Start Date: **6/17/2024**

Drilling End Date: **6/17/2024**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	0	0	26

Drilling Method: **Jetted**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	15	25	Sand	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	15	Cement 7 Bags/Sacks

Seal Method: **Hand Mixed**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed**

Surface Completion by Driller

Water Level: **8 ft. below land surface on 2024-06-17**

Measurement Method: **Weighted Line**

Packers: **No Data**

Type of Pump: **Submersible**

Pump Depth (ft.): **20**

Well Tests: **Pump**

Yield: 14 GPM with 20 ft. drawdown after 1 hours

Water Quality:

Strata Depth (ft.)	Water Type
15 - 25	fresh with Tannins (surface water)

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	25	sand
25	26	clay

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	15
4	Screen	New Plastic (PVC)	40 0.008	15	25

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #678713

Owner:	Palmilla Beach	Owner Well #:	No Data
Address:	Beach rd 1 Port Aransas , TX 78373	Grid #:	83-16-4
Well Location:	Beach rd 1 Port Aransas, TX 78373	Latitude:	27° 47' 50.5" N
Well County:	Nueces	Longitude:	097° 05' 15.5" W
Number of Wells Drilled:	2	Elevation:	No Data

Type of Work:	New Well	Proposed Use:	Irrigation
---------------	-----------------	---------------	-------------------

Drilling Start Date: **8/19/2024** Drilling End Date: **8/19/2024**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	28

Drilling Method: **Jetted**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	18	28	Sand	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	18	Cement 6 Bags/Sacks

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **<100 ft**

Distance to Septic Field or other
concentrated contamination (ft.): **No septic**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion:	Surface Sleeve Installed	Surface Completion by Driller
---------------------	---------------------------------	--------------------------------------

Water Level:	6 ft. below land surface on 2024-09-24	Measurement Method: Weighted Line
--------------	---	--

Packers: **No Data**

Type of Pump:	Submersible	Pump Depth (ft.): 24
---------------	--------------------	-----------------------------

Well Tests:	Pump	Yield: 16 GPM with 16 ft. drawdown after .5 hours
-------------	-------------	--

Water Quality:

Strata Depth (ft.)	Water Type
18 - 28	slite saline with tannins

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	28	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	18
4	Screen	New Plastic (PVC)	40 0.008	18	28

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #678714

Owner:	Palmilla Beach	Owner Well #:	No Data
Address:	Beach rd 1 Port Aransas , TX 78373	Grid #:	83-16-7
Well Location:	Beach rd 1 Port Aransas, TX 78373	Latitude:	27° 47' 29.22" N
Well County:	Nueces	Longitude:	097° 05' 38.69" W
Number of Wells Drilled:	2	Elevation:	No Data

Type of Work:	New Well	Proposed Use:	Irrigation
---------------	-----------------	---------------	-------------------

Drilling Start Date: **8/19/2024** Drilling End Date: **8/19/2024**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	28

Drilling Method: **Jetted**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	18	28	Sand	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	18	Cement 6 Bags/Sacks

Seal Method: **Poured**

Sealed By: **Driller**

Distance to Property Line (ft.): **<100 ft**

Distance to Septic Field or other
concentrated contamination (ft.): **No septic**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion:	Surface Sleeve Installed	Surface Completion by Driller
---------------------	---------------------------------	--------------------------------------

Water Level:	6 ft. below land surface on 2024-09-24	Measurement Method: Weighted Line
--------------	---	--

Packers: **No Data**

Type of Pump: **Unknown**

Well Tests: **Pump** **Yield: 16 GPM with 16 ft. drawdown after .5 hours**

Water Quality:

Strata Depth (ft.)	Water Type
18 - 28	slite saline with tannins

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **The wells Currently and capped. No Pump Installed at this time do to the salt levels in the water**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	28	sand

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	18
4	Screen	New Plastic (PVC)	40 0.008	18	28

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #680718

Owner:	Palmilla Beach	Owner Well #:	No Data
Address:	Beach rd 1 Port Aransas , TX 78373	Grid #:	83-16-4
Well Location:	Beach rd 1 Port Aransas, TX 78373	Latitude:	27° 47' 47.9" N
Well County:	Nueces	Longitude:	097° 05' 08.9" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Irrigation

Drilling Start Date: **10/21/2024** Drilling End Date: **10/21/2024**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	28

Drilling Method: **Jetted**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	18	28	Sand	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	18	Cement 6 Bags/Sacks

Seal Method: **Poured**

Distance to Property Line (ft.): **<100 ft**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No septic**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed** **Surface Completion by Driller**

Water Level: **4 ft. below land surface on 2024-10-21** Measurement Method: **Weighted Line**

Packers: **No Data**

Type of Pump: **Submersible**

Well Tests: **Pump** **Yield: 16 GPM with 16 ft. drawdown after .5 hours**

Water Quality:

Strata Depth (ft.)	Water Type
18 - 28	fresh with tannins

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**
P O Box 2363
Aransas Pass, TX 78335

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **Pond Irrigation well**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Top (ft.)	Bottom (ft.)	Description
0	28	sand

Casing:
BLANK PIPE & WELL SCREEN DATA

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	18
4	Screen	New Plastic (PVC)	40 0.008	18	28

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #416437

Owner: **Applied Petroleum Technologies** Owner Well #: **DW-2150**
Address: **4525 Ayers St.** Grid #: **83-16-5**
Corpus Christi, TX 78415
Well Location: **3501 SH 361** Latitude: **27° 48' 21.5" N**
Port Aransas, TX Longitude: **097° 04' 56.3" W**
Stripes #2150 Elevation: **7 ft. above sea level**
Well County: **Nueces** ****Plugged Within 48 Hours****
Number of Wells Drilled: **22**
****This well has been plugged**** **Plugging Report Tracking #156299**

Type of Work: **New Well** Proposed Use: **De-watering**

Drilling Start Date: **9/17/2015** Drilling End Date: **9/24/2015**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	8	0	22

Drilling Method: **Wash Pipe**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	18	22	Sand	Concrete sand

Annular Seal Data: **No Data**

Seal Method: **Caved natural sand**

Sealed By: **Driller**

Distance to Property Line (ft.): **No Data**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **No Data**

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **Yes**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Front Range Drilling, Inc.**

**PO BOX 220
Ingleside, TX 78362**

Driller Name: **Tom Weakly**

License Number: **2492**

Comments: **De-watering wells for new UST installation. Wells removed and bore holes filled with native sand. Entire area covered with concrete parking lot.**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	1	Concrete and base
2	22	Sand, wet @ 6'

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
1.5	Riser	New Plastic (PVC)	40	0	20
1.5	Screen	New Plastic (PVC)	40 0.020	20	22

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #417103

Owner: **STRIPES # 2150**

Owner Well #: **SB - 4**

Address: **3501 Hwy 361
Port Aransas, TX 78373**

Grid #: **83-16-5**

Well Location: **3501 Hwy 361
Port Aransas, TX 78373**

Latitude: **27° 48' 20.94" N**

Longitude: **097° 04' 56.52" W**

Well County: **Nueces**

Elevation: **No Data**

Number of Wells Drilled: **4**

****Plugged Within 48 Hours****

****This well has been plugged****

Plugging Report Tracking #156596

Type of Work: **Direct Push
Boring**

Proposed Use: **Environmental Soil Boring**

Drilling Start Date: **1/29/2016**

Drilling End Date: **1/29/2016**

Borehole:

<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
3.25	0	15

Drilling Method: **Direct Push**

Borehole Completion: **Plugged**

Annular Seal Data:

<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
0	15	Bentonite 1 Bags/Sacks

Seal Method: **Poured**

Distance to Property Line (ft.): **1,000**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **1,000**

Variance Number: **N/A**

Distance to Septic Tank (ft.): **1,000**

Method of Verification: **Visual**

Surface Completion: **Alternative Procedure Used**

Surface Completion by Driller

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Plug Information:

<i>Description (number of sacks & material)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Bentonite	0	15

Water Quality:

Strata Depth (ft.)	Water Type
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

The driller did certify that while drilling, deepening or otherwise altering the above described well, injurious water or constituents was encountered and the landowner or person having the well drilled was informed that such well must be completed or plugged in such a manner as to avoid injury or pollution.

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Gainco Inc.**
PO Box 309
Portland, TX 78374

Driller Name: **Raymundo V. Garcia**

License Number: **4365**

Apprentice Name: **Theresa Nix**

Apprentice Number: **N/A**

Comments: **Bore hole was plugged back with bentonite grout from 15' to 2' then top 2' cement.**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	15	0' to 2' Fine dry tan sand with pebbles, 2'to 4' moist tan to brown sand, 4'to 6' wet dark brown /gray sand, 6' to 15' wet brown /gray sand with roots.

Dia. (in.)	New/Used	Type	Setting From/To (ft.)
No Data			

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540

STATE OF TEXAS WELL REPORT for Tracking #423648

Owner: **Stripes, LLC** Owner Well #: **MW-1**
Address: **4525 Ayers St.** Grid #: **83-16-5**
Corpus Christi, TX 78415
Well Location: **Stripes #2150** Latitude: **27° 48' 21.49" N**
3501 SH 361 Longitude: **097° 04' 56.46" W**
Port Aransas, TX 78372 Elevation: **8 ft. above sea level**
Well County: **Nueces**

****This well has been plugged****

Plugging Report Tracking #162052

Type of Work: **New Well**

Proposed Use: **Monitor**

Drilling Start Date: **5/26/2016**

Drilling End Date: **5/26/2016**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	8	0	15

Drilling Method: **Hollow Stem Auger**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	1.5	15	Sand	16/30

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	1.5	Concrete 2 Bags/Sacks

Seal Method: **Poured**

Distance to Property Line (ft.): **No Data**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **No Data**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Alternative Procedure Used**

Surface Completion by Driller

Water Level: **No Data**

Packers: **No Data**

Type of Pump: **No Data**

Well Tests: **No Test Data Specified**

Water Quality:

<i>Strata Depth (ft.)</i>	<i>Water Type</i>
No Data	No Data

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which
contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Front Range Drilling, Inc.**

**PO BOX 220
Ingleside, TX 78362**

Driller Name: **Tom Weakly**

License Number: **2492**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

<i>Top (ft.)</i>	<i>Bottom (ft.)</i>	<i>Description</i>
0	1	Concrete and base material
1	6	Sand, tan, wet @ 4.5'
6	9	Sand, brown, wet, root inclusions
9	15	Sand, gray/brown/tan

Casing:
BLANK PIPE & WELL SCREEN DATA

<i>Dia (in.)</i>	<i>Type</i>	<i>Material</i>	<i>Sch./Gage</i>	<i>Top (ft.)</i>	<i>Bottom (ft.)</i>
2	Riser	New Plastic (PVC)	40	0	2
2	Screen	New Plastic (PVC)	40 0.010	2	15

IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

STATE OF TEXAS WELL REPORT for Tracking #684937

Owner:	Jim Monaham	Owner Well #:	No Data
Address:	847 Ocean Side Dr Port Aransas, TX 78373	Grid #:	83-16-5
Well Location:	847 Ocean Side Dr Port Aransas, TX 78373	Latitude:	27° 48' 34.16" N
Well County:	Nueces	Longitude:	097° 04' 27.7" W
		Elevation:	No Data
Type of Work:	New Well	Proposed Use:	Irrigation

Drilling Start Date: **12/16/2024** Drilling End Date: **12/16/2024**

	<i>Diameter (in.)</i>	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>
Borehole:	7	0	28

Drilling Method: **Jetted**

Borehole Completion: **Filter Packed**

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Filter Material</i>	<i>Size</i>
Filter Pack Intervals:	18	28	Sand	

	<i>Top Depth (ft.)</i>	<i>Bottom Depth (ft.)</i>	<i>Description (number of sacks & material)</i>
Annular Seal Data:	0	18	Cement 6 Bags/Sacks

Seal Method: **Hand Mixed**

Distance to Property Line (ft.): **14**

Sealed By: **Driller**

Distance to Septic Field or other
concentrated contamination (ft.): **City Sewer**

Distance to Septic Tank (ft.): **No Data**

Method of Verification: **No Data**

Surface Completion: **Surface Sleeve Installed** **Surface Completion by Driller**

Water Level:	5 ft. below land surface on 2024-12-16	Measurement Method:	Weighted Line
Packers:	No Data		
Type of Pump:	Submersible	Pump Depth (ft.):	23
Well Tests:	Pump	Yield:	15 GPM with 15 ft. drawdown after .5 hours

Water Quality:

Strata Depth (ft.)	Water Type
0 - 28	fresh with tannins(brown stain possibility)

Chemical Analysis Made: **No**

Did the driller knowingly penetrate any strata which contained injurious constituents?: **No**

Certification Data: The driller certified that the driller drilled this well (or the well was drilled under the driller's direct supervision) and that each and all of the statements herein are true and correct. The driller understood that failure to complete the required items will result in the report(s) being returned for completion and resubmittal.

Company Information: **Mikes Drilling and Pump Service**

**P O Box 2363
Aransas Pass, TX 78335**

Driller Name: **Michael Deyo**

License Number: **4936**

Comments: **No Data**

Lithology:
DESCRIPTION & COLOR OF FORMATION MATERIAL

Casing:
BLANK PIPE & WELL SCREEN DATA

Top (ft.)	Bottom (ft.)	Description
0	28	sand

Dia (in.)	Type	Material	Sch./Gage	Top (ft.)	Bottom (ft.)
4		New Plastic (PVC)	40	0	18
4	Screen	New Plastic (PVC)	40 0.008	18	28

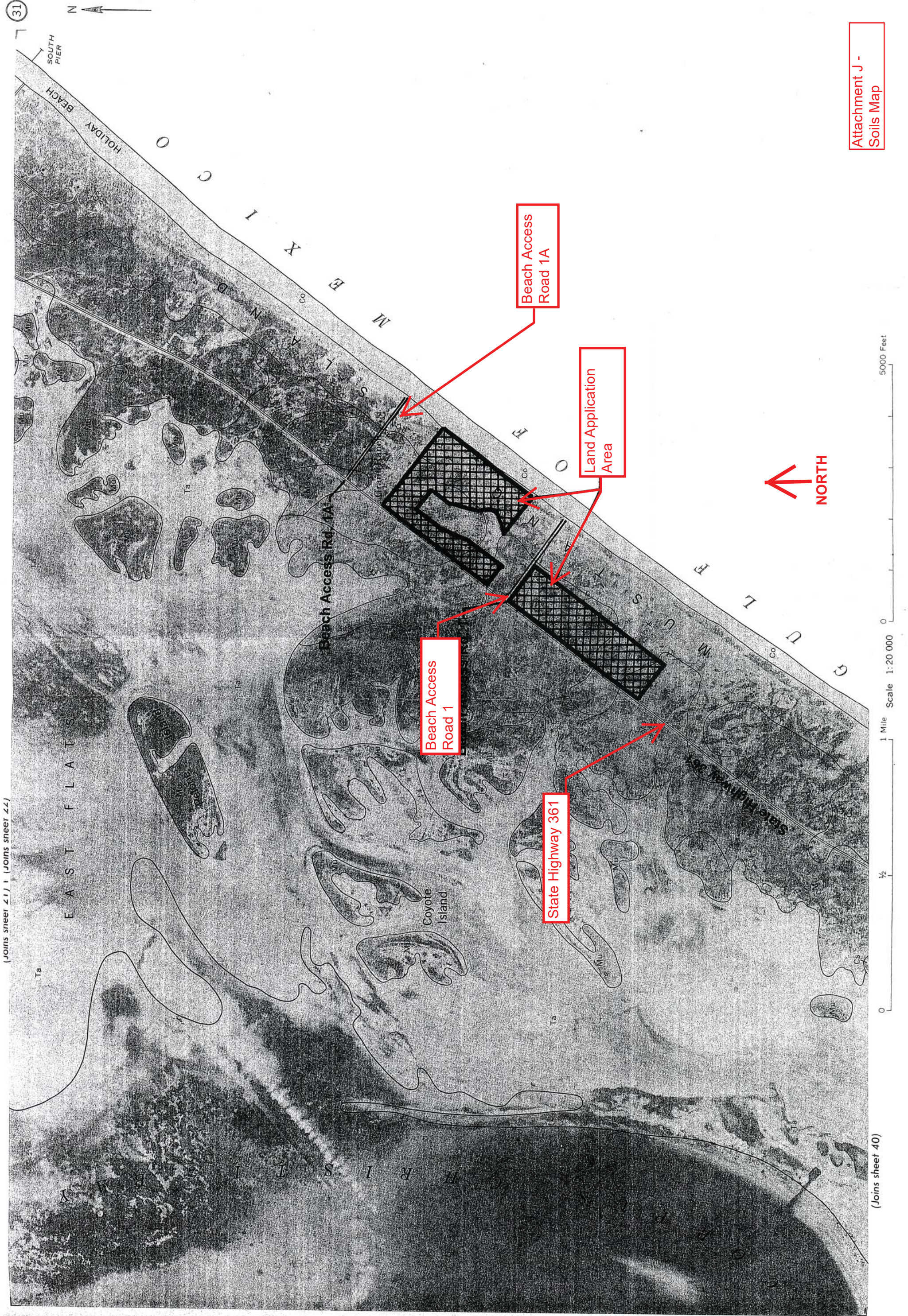
IMPORTANT NOTICE FOR PERSONS HAVING WELLS DRILLED CONCERNING CONFIDENTIALITY

TEX. OCC. CODE Title 12, Chapter 1901.251, authorizes the owner (owner or the person for whom the well was drilled) to keep information in Well Reports confidential. The Department shall hold the contents of the well log confidential and not a matter of public record if it receives, by certified mail, a written request to do so from the owner.

Please include the report's Tracking Number on your written request.

**Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711
(512) 334-5540**

Attachment J –
Soils Map



(Joins sheet 41) 1 (Joins sheet 44)

(Joins sheet 40)

Attachment K –
Soils Data

Attachment K - Soils Data

Soil Series	Depth from Surface (inches)	Permeability (inches per hour)	Available water capacity (inches per inch of soil)
Cs - Coastal Dunes	0-48" - fine sand	5.00 - 10.00	0.04 - 0.06
	48"-60" - fine sand	5.00 - 10.00	0.04 - 0.06
Gm - Galveston and Mustang Fine Sands	0-12" - fine sand	5.00 - 8.00	0.06 - 0.09
	12"-60" - fine sand	3.00 - 4.00	0.09 - 0.13

Attachment L –
Effluent Test Results from Laboratory



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

11 October 2024

Urban Engineering
Brian Wick
2725 Swantner
Corpus Christi, TX 78404

Nueces County Water Control

Enclosed are the results of analyses for samples received by the laboratory on 11-Sep-24 14:00. The analytical data provided relates only to the samples as received in this laboratory report.

ELI certifies that all results are NELAP compliant and performed in accordance with the referenced method except as noted in the Case Narrative or as noted with a qualifier. Any reproductions of this laboratory report should be in full and only with the written authorization from the client.

The total number of pages in this report is 15

Thank you for selecting ELI for your analytical needs. If you have any questions regarding this report, please contact us.

Sincerely,

A handwritten signature in cursive script that reads 'Laura Bonjonia'.

Laura Bonjonia
Administrator



Certificate ID: TX-C24-00284



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	2411429-01	Water	11-Sep-24 00:00	11-Sep-24 14:00

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



CERTIFICATE OF ANALYSIS

CLIENT: **NUECES COUNTY WCID #4** LAB NUMBER: 2411429A
 (Urban Engineering)
 DATE COLLECTED: 11-Sep-24 DATE RECEIVED: 11-Sep-24
 DATE COMPLETED: 22-Sep-24 SAMPLED BY: RC
 LOCATION: **EFFLUENT - Grab**

PARAMETERS:	VOLATILES	CONC.	DETECTION LIMITS (ug/l)
ACROLEIN (ug/l)		50.0 U	50.0
ACRYLONITRILE (ug/l)		50.0 U	50.0
CHLOROMETHANE (ug/l)		10.0 U	10.0
VINYL CHLORIDE (ug/l)		10.0 U	10.0
BROMOMETHANE (ug/l)		50.0 U	50.0
CHLOROETHANE (ug/l)		50.0 U	50.0
TRICHLOROFUOROMETHANE (ug/l)		10.0 U	10.0
1,1-DICHLOROETHYLENE (ug/l)		10.0 U	10.0
METHYLENE CHLORIDE (ug/l)		20.0 U	20.0
trans-1,2-DICHLOROETHYLENE (ug/l)		10.0 U	10.0
1,1-DICHLOROETHANE (ug/l)		10.0 U	10.0
1,1,1-TRICHLOROETHANE (ug/l)		10.0 U	10.0
METHYL BROMIDE (ug/l)		50.0 U	50.0
METHYL CHLORIDE (ug/l)		10.0 U	10.0
CHLOROFORM (ug/l)		10.0 U	10.0
CARBON TETRACHLORIDE (ug/l)		2.0 U	2.0
1,2-DICHLOROETHANE (ug/l)		10.0 U	10.0
TRICHLOROETHANE (ug/l)		10.0 U	10.0
BENZENE (ug/l)		10.0 U	10.0
TRICHLOROETHYLENE (ug/l)		10.0 U	10.0
1,2-DICHLOROPROPANE (ug/l)		10.0 U	10.0
DICHLOROBROMOMETHANE (ug/l)		19.4	10.0
1,3 DICHLOROPROPYLENE (ug/l)		10.0 U	10.0
TOLUENE (ug/l)		10.0 U	10.0
trans-1,3-DICHLOROPROPENE (ug/l)		10.0 U	10.0
1,1,2-TRICHLOROETHANE (ug/l)		10.0 U	10.0
TETRACHLOROETHYLENE (ug/l)		10.0 U	10.0
DIBROMOCHLOROMETHANE (ug/l)		45.9	10.0
CHLOROBENZENE (ug/l)		10.0 U	10.0
2-CHLOROETHYL VINYL ETHER (ug/l)		10.0 U	10.0
1,2-DIBROMOETHANE (ug/l)		2.0 U	2.0
ETHYLBENZENE (ug/l)		10.0 U	10.0
BROMOFORM (ug/l)		40.5	10.0
1,1,2,2-TETRACHLOROETHANE (ug/l)		10.0 U	10.0
TOTAL TRIHALOMETHANES (ug/l)		105.8	10.0
METHYL ETHYL KETONE (ug/l)		50.0 U	50.0
1,3 DICHLORBENZENE (ug/l)		10.0 U	10.0
1,4 DICHLORBENZENE (ug/l)		10.0 U	10.0
1,2 DICHLORBENZENE (ug/l)		10.0 U	10.0
XYLENE (ug/l)		10.0 U	10.0


 LAB REPRESENTATIVE

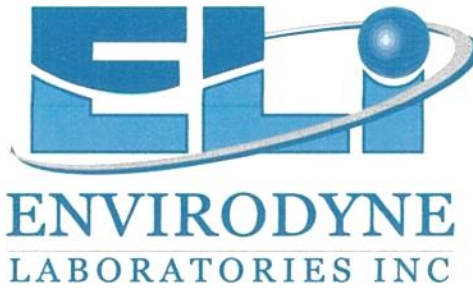
Ref. EPA 624.1 (VOLATILES)

U - Analyte Not Detected at the Listed Detection Limit

J - Analyte Present but Below Detection Limit

Analyzed by NELAP Accredited lab T104704220

11011 Brooklet Drive, Suite #230 Houston, Texas 77099 281.568.7880



CERTIFICATE OF ANALYSIS

CLIENT: NUECES COUNTY WCID #4

LAB NUMBER: 2411429B

(Urban Engineering)

DATE COLLECTED: 11-Sep-24

DATE RECEIVED: 11-Sep-24

DATE COMPLETED: 25-Sep-24

SAMPLED BY: RC

LOCATION: EFFLUENT

PARAMETERS:

BASE/ NEUTRALS

ACENAPHTHENE (ug/l)	10.0 U
ACENAPHTHYLENE (ug/l)	10.0 U
ANTHRACENE (ug/l)	10.0 U
BENZIDINE (ug/l)	50.0 U
BENZO (a) ANTHRACENE (ug/l)	5.0 U
BENZO (a) PYRENE (ug/l)	5.0 U
BENZO (B) FLUORANTHENE (ug/l)	10.0 U
BENZO (GHI) PERYLENE (ug/l)	20.0 U
BENZO (k) FLUORANTHENE (ug/l)	5.0 U
BIS (2-CHLOROETHYL) ETHER (ug/l)	10.0 U
BIS (2-CHLOROETHOXY) METHANE (ug/l)	10.0 U
BIS (2-CHLOROISOPROPYL) ETHER (ug/l)	10.0 U
BIS (2-ETHYLHEXYL) PHTHALATE (ug/l)	10.0 U
4-BROMOPHENYL PHENYL ETHER (ug/l)	10.0 U
BUTYL BENZYL PHTHALATE (ug/l)	10.0 U
2-CHLORONAPHTHALENE (ug/l)	10.0 U
4-CHLOROPHENYL PHENYL ETHER (ug/l)	10.0 U
CHRYSENE (ug/l)	5.0 U
DIBENZO (a,h) ANTHRACENE (ug/l)	5.0 U
1,2-DICHLOROBENZENE (ug/l)	10.0 U
1,3-DICHLOROBENZENE (ug/l)	10.0 U
(p)1,4-DICHLOROBENZENE (ug/l)	10.0 U
3,3-DICHLOROBENZIDINE (ug/l)	5.0 U
DIETHYL PHTHALATE (ug/l)	10.0 U
DIMETHYL PHTHALATE (ug/l)	10.0 U
DI-N-BUTYL PHTHALATE (ug/l)	10.0 U
DIBENZOFURAN (ug/l)	10.0 U
FLUORANTHENE (ug/l)	10.0 U
FLUORENE (ug/l)	10.0 U
HEXACHLOROBENZENE (ug/l)	5.0 U
HEXACHLOROBUTADIENE (ug/l)	10.0 U
HEXACHLOROETHANE (ug/l)	20.0 U
HEXACHLOROCYCLOPENTADIENE (ug/l)	10.0 U
HEXACHLOROPHENE (ug/l)	10.0 U
IDENO (1,2,3,cd) PYRENE (ug/l)	5.0 U
1,2-Diphenyl Hydrazine (ug/l)	20.0 U
N-NITROSO-di-n-BUTYLAMINE (ug/l)	20.0 U
N-NITROSO-DI-ETHYLAMINE (ug/l)	20.0 U

ISOPHORONE (ug/l)	10.0 U
NAPHTHALENE (ug/l)	10.0 U
NITROBENZENE (ug/l)	10.0 U
N-NITROSO-di-n-PROPYLAMINE (ug/l)	20.0 U
N-NITROSODIPHENYLAMINE (ug/l)	20.0 U
N-NITROSODIMETHYLAMINE (ug/l)	50.0 U
PHENANTHRENE (ug/l)	10.0 U
PYRENE (ug/l)	10.0 U
1,2,4-TRICHLOROBENZENE (ug/l)	10.0 U
1,2,4,5-TETRACHLOROBENZENE (ug/l)	20.0 U
2, 4-DINITROTOLUENE (ug/l)	10.0 U
2, 6-DINITROTOLUENE (ug/l)	10.0 U
2-METHYLNAPHTHALENE (ug/l)	10.0 U
Di-n-octyl PHTHALATE (ug/l)	10.0 U
PYRIDINE (ug/l)	20.0 U
p-CRESOL (ug/l)	10.0 U

ACID COMPOUNDS

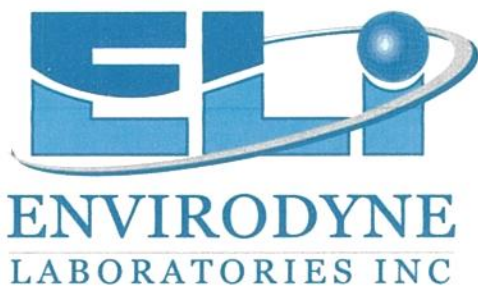
EFFLUENT (Cont.)

2-CHLOROPHENOL (ug/l)	10.0 U
2,4-DICHLOROPHENOL (ug/l)	10.0 U
2,4-DIMETHYLPHENOL (ug/l)	10.0 U
4, 6-DINITRO- α -CRESOL (ug/l)	50.0 U
4,6-DINITRO-2-METHYLPHENOL (ug/l)	20.0 U
2,4-DINITROPHENOL (ug/l)	50.0 U
2-NITROPHENOL (ug/l)	20.0 U
4-NITROPHENOL (ug/l)	50.0 U
p-CHLORO-m-CRESOL (ug/l)	10.0 U
2-METHYLPHENOL (ug/l)	10.0 U
PENTACHLOROPHENOL (ug/l)	5.0 U
PHENOL (ug/l)	10.0 U
2,4,6-TRICHLOROPHENOL (ug/l)	10.0 U
2,4,5-TRICHLOROPHENOL (ug/l)	50.0 U
PENTACHLOROBENZENE (ug/l)	20.0 U
4-CHLORO-3-METHYL PHENOL (ug/l)	10.0 U
NONYLPHENOL (ug/l)	5.0 U

Analyzed by NELAC certified lab T104704220
 Ref. EPA-625.1 (Base/Neutrals & Acids)
 U - Analyte Not Detected at the listed Detection Limit
 J - Analyte Present but below Detection Limit

LAB REPRESENTATIVE

11011 Brooklet Drive, Suite #230 Houston, Texas 77099 281.568.7880



CLIENT: NUECES COUNTY WCID #4

LAB NUMBER: 24I1429C

(Urban Engineering)

DATE COLLECTED: 11-Sep-24

DATE RECEIVED: 11-Sep-24

DATE COMPLETED: 26-Sep-24

SAMPLED BY: CR

LOCATION: EFFLUENT

PARAMETERS:

METALS	CONCENTRATION	METHOD	INITIALS	MAL
TOTAL ALUMINUM (ug/l)	26.8	EPA 200.8	JMM	2.5
TOTAL ANTIMONY (ug/l)	<5.0	EPA 200.8	JMM	5.0
TOTAL ARSENIC (ug/l)	0.9	EPA 200.8	JMM	0.5
TOTAL BARIUM (ug/l)	72.8	EPA 200.8	JMM	3.0
TOTAL BERYLLIUM (ug/l)	<0.50	EPA 200.8	JMM	0.5
TOTAL CADMIUM (ug/l)	<0.50	EPA 200.8	JMM	1.0
TOTAL CHROMIUM (ug/l)	<3.0	EPA 200.8	JMM	3.0
HEX CHROMIUM (ug/l)	<3.0	3500 - Cr D	SSJ	3.0
TRI CHROMIUM (ug/l)	<3.0	N/A	JMM	3.0
TOTAL COPPER (ug/l)	5.5	EPA 200.8	JMM	2.0
TOTAL LEAD (ug/l)	<0.5	EPA 200.8	JMM	<0.5
TOTAL NICKEL (ug/l)	3.3	EPA 200.8	JMM	2.0
TOTAL MERCURY (ug/l)	*<0.20	EPA 245.1	SUB	0.2
TOTAL SELENIUM (ug/l)	<5.0	EPA 200.8	JMM	5.0
TOTAL SILVER (ug/l)	<0.50	EPA 200.8	JMM	0.5
TOTAL THALLIUM (ug/l)	<0.50	EPA 200.8	JMM	0.5
TOTAL ZINC (ug/l)	34.2	EPA 200.8	JMM	5.0
AMENABLE CYANIDE (ug/l)	*<10.0	EPA 335.4	SUB	10.0
TOTAL PHENOLS (ug/l)	*<10.0	EPA 420.4	SUB	10.0
FLUORIDE (ug/l)	<500.0	SM 4500-F C	SKP	500.0
NITRATE-N (ug/l)	19,600.0	EPA 353.1	SSJ	100.0

LAB REPRESENTATIVE

Ref. EPA METHODS FOR CHEMICAL ANALYSIS

*Analyzed by NELAC certified lab T104704231

11011 Brooklet Drive, Suite #230 Houston, Texas 77099 281.568.7880



ENVIRODYNE LABORATORIES, INC.

CERTIFICATE OF ANALYSIS

CLIENT: NUECES COUNTY WCID #4
(Urban Engineering)

DATE COLLECTED: 11-Sep-24

DATE COMPLETED 27-Sep-24

LAB NUMBER: 24I1429D

DATE RECEIVED: 11-Sep-24

SAMPLED BY: RC

SAMPLE TYPE:

LOCATION: EFFLUENT

PARAMETERS: PESTICIDES-PCB

EPA 1657*

Guthion (Azinphos Methyl) (ug/l)	< 0.10
Chlorpyrifos (ug/l)	< 0.05
Demeton -O (ug/l)	< 0.20
Demeton -S (ug/l)	< 0.20
Diazinon (ug/l)	< 0.5
Disulfoton (ug/l)	< 0.5
EPN (ug/l)	< 0.5
Ethion (ug/l)	< 0.5
Ethyl Parathion (ug/l)	< 0.1
Malathion (ug/l)	< 0.10
Methyl Parathion (ug/l)	< 0.1
Parathion (ug/l)	< 0.10
EPA 608*	
Aldrin (ug/l)	< 0.01
Alpha - BHC (ug/l) (Hexachlorocyclohexane)	< 0.05
Beta - BHC (ug/l)	< 0.05

EFFLUENT

PESTICIDES-PCB

EPA 608*

Chlordane (ug/l)	< 0.15
4-4' - DDD (ug/l)	< 0.10
4-4' - DDE (ug/l)	< 0.10
4-4' - DDT (ug/l)	< 0.02
Dieldrin (ug/l)	< 0.02
Dicofol (ug/l)	< 1.0
Endosulfan I (ug/l)	< 0.01
Endosulfan II (ug/l)	< 0.02
Endosulfan Sulfate (ug/l)	< 0.10
Endrin (ug/l)	< 0.02
Gamma-BHC (Lindane) (ug/l)	< 0.05
Heptachlor (ug/l)	< 0.01
Heptachlor Epoxide (ug/l)	< 0.01
Methoxychlor (ug/l)	< 0.20
Mirex (ug/l)	< 0.02
Total PCBs (ug/l)	< 0.2
PCB-1016 (ug/l)	< 0.2
PCB-1221 (ug/l)	< 0.2
PCB-1232 (ug/l)	< 0.2
PCB-1242 (ug/l)	< 0.2
PCB-1248 (ug/l)	< 0.2
PCB-1254 (ug/l)	< 0.2
PCB-1260 (ug/l)	< 0.2
Toxaphene (ug/l)	< 0.3
Endrin Aldehyde (ug/l)	< 0.10
Delta - BHC (ug/l)	< 0.05

EPA 632*

Diuron (ug/l)	<0.09
---------------	-------

EPA 8151*

2,4-D (ug/l)	< 0.7
2,4,5-TP (Silvex) (ug/l)	< 0.3

EPA 625*

Carbaryl (ug/l)	< 5.0
-----------------	-------

*Analyzed by NELAP certified lab T104704220

LAB REPRESENTATIVE



ENVIRODYNE LABORATORIES, INC.

CERTIFICATE OF ANALYSIS

CLIENT: NUECES COUNTY WCID #4

(Urban Engineering)

DATE COLLECTED: 11-Sep-24

LAB NUMBER: 2411429E

DATE RECEIVED: 11-Sep-24

DATE COMPLETED: 07-Oct-24

SAMPLED BY: RC

SAMPLE TYPE:

LOCATION:

PARAMETERS:

EFFLUENT
@ 0900

METHOD #

ANALYST

CBOD-5 (mg/l)	5.7	SM 5210 B	TEB
T.S.S. (mg/l)	8.2	SM 2540 D	DA
NH3-N (mg/l)	<0.20	EPA 350.1	SSJ
TKN-N (mg/l)	**<0.50	SM 4500-NH3 D	SUB
NO3-N (mg/l)	19.60	EPA 353.1	SSJ
SULFATE (mg/l)	101.0	EPA 375.4	SSJ
CHLORIDE (mg/l)	470.0	SM 4500-Cl B	BRC
T. DISSOLVED SOLIDS (mg/l)	1210.0	SM 2540 C	SKP
T. PHOSPHORUS as P (mg/l)	2.60	SM 4500-P E	BRC
OIL and GREASE (mg/l)	*<5.0	EPA 1664A	BP
ALKALINITY as CaCO3 (mg/l)	220.0	EPA 310.2	BRC
CONDUCTIVITY @ 25C (umho/cm)	2070	SM 2510 B	BRC
E. COLI (MPN/100 ml)	*<1	SM 9223B	LN

**Analyzed by NELAC certified lab T104704218


CERTIFIED BY



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4I4277 - Inorganics										
Blank (B4I4277-BLK1)				Prepared & Analyzed: 13-Sep-24						
TSS	<2.0	2.0	mg/L							
LCS (B4I4277-BS1)				Prepared & Analyzed: 13-Sep-24						
TSS	109		mg/L	100		109	80-120			
Duplicate (B4I4277-DUP1)				Source: 24I0879-01 Prepared & Analyzed: 13-Sep-24						
TSS	5.0	2.0	mg/L		2.6			63.2	20	
Batch B4I4337 - Inorganics										
Blank (B4I4337-BLK1)				Prepared & Analyzed: 12-Sep-24						
Nitrate-N	<0.50	0.50	mg/L							
LCS (B4I4337-BS1)				Prepared & Analyzed: 12-Sep-24						
Nitrate-N	2.94		mg/L	3.00		98.0	90-110			
Matrix Spike (B4I4337-MS1)				Source: 24I1006-03 Prepared & Analyzed: 12-Sep-24						
Nitrate-N	2.80	0.50	mg/L	3.00	ND	93.3	80-120			
Matrix Spike Dup (B4I4337-MSD1)				Source: 24I1006-03 Prepared & Analyzed: 12-Sep-24						
Nitrate-N	2.82	0.50	mg/L	3.00	ND	94.0	80-120	0.712	20	
Batch B4I4478 - Inorganics										
Blank (B4I4478-BLK1)				Prepared & Analyzed: 19-Sep-24						
Sulfate	<2.00	2.00	mg/L							

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4I4478 - Inorganics										
LCS (B4I4478-BS1)				Prepared & Analyzed: 19-Sep-24						
Sulfate	18.6		mg/L	20.0		92.8	90-110			
Matrix Spike (B4I4478-MS1)				Source: 24I0601-01 Prepared & Analyzed: 19-Sep-24						
Sulfate	221	20.0	mg/L	200	43.2	88.8	80-120			
Matrix Spike Dup (B4I4478-MSD1)				Source: 24I0601-01 Prepared & Analyzed: 19-Sep-24						
Sulfate	221	20.0	mg/L	200	43.2	89.0	80-120	0.181	20	
Batch B4I4480 - Inorganics										
Blank (B4I4480-BLK1)				Prepared: 16-Sep-24 Analyzed: 17-Sep-24						
COD	<5.0	5.0	mg/L							
LCS (B4I4480-BS1)				Prepared: 16-Sep-24 Analyzed: 17-Sep-24						
COD	98.0		mg/L	100		98.0	90-110			
Matrix Spike (B4I4480-MS1)				Source: 24I0822-03 Prepared: 16-Sep-24 Analyzed: 17-Sep-24						
COD	54.0	5.0	mg/L	50.0	9.00	90.0	80-120			
Matrix Spike Dup (B4I4480-MSD1)				Source: 24I0822-03 Prepared: 16-Sep-24 Analyzed: 17-Sep-24						
COD	57.0	5.0	mg/L	50.0	9.00	96.0	80-120	5.41	20	
Batch B4I4501 - Inorganics										
Duplicate (B4I4501-DUP1)				Source: 24I0929-01 Prepared & Analyzed: 16-Sep-24						
pH	7.68	0.10	SU		7.66			0.261	20	H

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 24I1429

Reported:
11-Oct-24 08:31

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD Limit	Notes
Batch B4I4519 - Inorganics								
Blank (B4I4519-BLK1)				Prepared & Analyzed: 16-Sep-24				
Conductivity at 25 C	<30	30	umho/cm					
Duplicate (B4I4519-DUP1)				Source: 24I1429-01 Prepared & Analyzed: 16-Sep-24				
Conductivity at 25 C	2100	60	umho/cm		2070		1.73	20
Reference (B4I4519-SRM1)				Prepared & Analyzed: 16-Sep-24				
Conductivity at 25 C	178		umho/cm	180		98.8	90-110	
Batch B4I4695 - Inorganics								
Blank (B4I4695-BLK1)				Prepared & Analyzed: 16-Sep-24				
TDS	<50.0	50.0	mg/L					
LCS (B4I4695-BS1)				Prepared & Analyzed: 16-Sep-24				
TDS	508		mg/L	500		102	0-200	
Duplicate (B4I4695-DUP1)				Source: 24I0772-01 Prepared & Analyzed: 16-Sep-24				
TDS	508	50.0	mg/L		500		1.59	20
Batch B4I4948 - Inorganics								
Blank (B4I4948-BLK1)				Prepared & Analyzed: 19-Sep-24				
Ammonia-N (NH3-N)	<0.20	0.20	mg/L					
LCS (B4I4948-BS1)				Prepared & Analyzed: 19-Sep-24				
Ammonia-N (NH3-N)	1.06		mg/L	1.00		106	90-110	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4I4948 - Inorganics										
Matrix Spike (B4I4948-MS1)		Source: 24I0601-01		Prepared & Analyzed: 19-Sep-24						
Ammonia-N (NH ₃ -N)	1.09	0.20	mg/L	1.00	ND	109	90-110			
Matrix Spike Dup (B4I4948-MSD1)		Source: 24I0601-01		Prepared & Analyzed: 19-Sep-24						
Ammonia-N (NH ₃ -N)	1.11	0.20	mg/L	1.00	ND	111	90-110	1.82	20	
Batch B4I4997 - Inorganics										
Blank (B4I4997-BLK1)		Prepared & Analyzed: 12-Sep-24								
BOD-5	<2.0	2.0	mg/L							
Blank (B4I4997-BLK2)		Prepared & Analyzed: 12-Sep-24								
BOD-5	<2.0	2.0	mg/L							
LCS (B4I4997-BS1)		Prepared & Analyzed: 12-Sep-24								
BOD-5	202		mg/L	198		102	84.6-115.4			
Duplicate (B4I4997-DUP1)		Source: 24I0897-01		Prepared & Analyzed: 12-Sep-24						
BOD-5	2.50	2.0	mg/L		2.60			3.92	20	
Batch B4I5290 - Inorganics										
Blank (B4I5290-BLK1)		Prepared & Analyzed: 24-Sep-24								
Chloride	<3.0	3.0	mg/kg							
LCS (B4I5290-BS1)		Prepared & Analyzed: 24-Sep-24								
Chloride	102		mg/kg	100		102	90-110			

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Wet Chemistry - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4I5290 - Inorganics										
Matrix Spike (B4I5290-MS1)										
Source: 24I1744-01				Prepared & Analyzed: 24-Sep-24						
Chloride	60.0	0.1	mg/kg	20.0	40.0	100	80-120			
Matrix Spike Dup (B4I5290-MSD1)										
Source: 24I1744-01				Prepared & Analyzed: 24-Sep-24						
Chloride	60.0	0.1	mg/kg	20.0	40.0	100	80-120	0.00	20	
Batch B4I5374 - Inorganics										
Blank (B4I5374-BLK1)										
				Prepared & Analyzed: 12-Sep-24						
CBOD-5	<2.0	2.0	mg/L							
LCS (B4I5374-BS1)										
				Prepared & Analyzed: 12-Sep-24						
CBOD-5	198		mg/L	198		100	84.6-115.4			
Duplicate (B4I5374-DUP1)										
Source: 24I1354-01				Prepared & Analyzed: 12-Sep-24						
CBOD-5	6.10	2.0	mg/L		5.60			8.55	20	I
Batch B4J3822 - Inorganics										
Blank (B4J3822-BLK1)										
				Prepared: 03-Oct-24 Analyzed: 07-Oct-24						
Oil & Grease	15.8	5.0	mg/L							Q
LCS (B4J3822-BS1)										
				Prepared: 03-Oct-24 Analyzed: 07-Oct-24						
Oil & Grease	7.10		mg/L	40.0		17.8	78-114			Q

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Metals - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4I4340 - Inorganics										
Blank (B4I4340-BLK1)				Prepared & Analyzed: 12-Sep-24						
Chromium, Hexavalent	<1.0	1.0	ug/L							
LCS (B4I4340-BS1)				Prepared & Analyzed: 12-Sep-24						
Chromium, Hexavalent	51.0		ug/L	50.0		102	95-105			
Matrix Spike (B4I4340-MS1)				Source: 24I1389-01 Prepared & Analyzed: 12-Sep-24						
Chromium, Hexavalent	50.2	1.0	ug/L	50.0	ND	100	80-120			
Matrix Spike Dup (B4I4340-MSD1)				Source: 24I1389-01 Prepared & Analyzed: 12-Sep-24						
Chromium, Hexavalent	50.5	1.0	ug/L	50.0	ND	101	80-120	0.596	20	

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Total Metals by ICP - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B4I5487 - Metals - EPA 200.2										
Blank (B4I5487-BLK1)										
Prepared: 24-Sep-24 Analyzed: 26-Sep-24										
Magnesium	<2.00	2.00	mg/L							
Potassium	<2.0	2.0	"							
Sodium	<2.0	2.0	"							
Calcium	<2.00	2.00	"							
LCS (B4I5487-BS1)										
Prepared: 24-Sep-24 Analyzed: 26-Sep-24										
Potassium	19.0		mg/L	20.0		95.2	85-115			
Magnesium	20.2		"	20.0		101	85-115			
Calcium	19.8		"	20.0		99.1	85-115			
Sodium	19.4		"	20.0		97.2	85-115			
Matrix Spike (B4I5487-MS1)										
Source: 24I1429-01 Prepared: 24-Sep-24 Analyzed: 26-Sep-24										
Sodium	331	4.0	mg/L	40.0	286	113	70-130			
Magnesium	74.4	4.00	"	40.0	32.9	104	70-130			
Calcium	116	4.00	"	40.0	75.1	103	70-130			
Potassium	64.6	4.0	"	40.0	25.1	98.6	70-130			
Matrix Spike Dup (B4I5487-MSD1)										
Source: 24I1429-01 Prepared: 24-Sep-24 Analyzed: 26-Sep-24										
Magnesium	73.3	4.00	mg/L	40.0	32.9	101	70-130	1.43	20	
Calcium	115	4.00	"	40.0	75.1	99.4	70-130	1.35	20	
Potassium	64.2	4.0	"	40.0	25.1	97.8	70-130	0.483	20	
Sodium	326	4.0	"	40.0	286	99.0	70-130	1.67	20	

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Total Metals by ICP-MS - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	--------------------	-------	----------------	------------------	------	----------------	-----	--------------	-------

Batch B4I5474 - Metals - EPA 200.2

Blank (B4I5474-BLK1)

Prepared: 24-Sep-24 Analyzed: 26-Sep-24

Beryllium	<0.5	0.5	ug/L							
Arsenic	2.24	0.5	"							
Barium	<2.0	2.0	"							
Chromium	<2.0	2.0	"							
Lead	<0.5	0.5	"							
Manganese	<0.5	0.5	"							
Cadmium	<0.50	0.50	"							
Molybdenum	<0.5	0.5	"							
Nickel	<0.5	0.5	"							
Silver	<0.5	0.5	"							
Thallium	<0.5	0.5	"							
Copper	<0.5	0.5	"							
Zinc	<2.0	2.0	"							
Selenium	<2.0	2.0	"							
Antimony	<0.5	0.5	"							
Aluminum	<2.0	2.0	"							

LCS (B4I5474-BS1)

Prepared: 24-Sep-24 Analyzed: 25-Sep-24

Barium	69.0		ug/L	75.0	92.0	85-115
Manganese	77.0		"	75.0	103	85-115
Nickel	74.7		"	75.0	99.6	85-115
Copper	76.7		"	75.0	102	85-115
Chromium	75.6		"	75.0	101	85-115
Molybdenum	79.1		"	75.0	105	85-115
Cadmium	76		"	75.0	101	85-115
Lead	76		"	75.0	102	85-115
Silver	69		"	75.0	92.6	85-115
Arsenic	75.3		"	75.0	100	85-115
Beryllium	74.8		"	75.0	99.7	85-115
Thallium	76.7		"	75.0	102	85-115
Selenium	71.9		"	75.0	95.9	85-115
Zinc	74.2		"	75.0	99.0	85-115

Envirodyne Laboratories, Inc.

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Total Metals by ICP-MS - Quality Control

Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch B415474 - Metals - EPA 200.2

LCS (B415474-BS1)

Prepared: 24-Sep-24 Analyzed: 25-Sep-24

Aluminum	66.6		ug/L	75.0		88.8	85-115			
Antimony	66.4		"	75.0		88.6	85-115			

Matrix Spike (B415474-MS1)

Source: 2411429-01

Prepared: 24-Sep-24 Analyzed: 26-Sep-24

Nickel	102	0.5	ug/L	100	3.33	99.1	70-130			
Silver	86	0.5	"	100	ND	85.9	70-130			
Thallium	96.7	0.5	"	100	ND	96.7	70-130			
Molybdenum	118	0.5	"	100	3.09	114	70-130			
Manganese	96.4	0.5	"	100	2.51	93.9	70-130			
Copper	101	0.5	"	100	5.51	95.2	70-130			
Chromium	96.2	2.0	"	100	ND	96.2	70-130			
Cadmium	98	0.50	"	100	ND	98.0	70-130			
Beryllium	95.0	0.5	"	100	ND	95.0	70-130			
Barium	164	2.0	"	100	72.8	91.7	70-130			
Arsenic	112	0.5	"	100	9.00	103	70-130			
Lead	97	0.5	"	100	ND	97.0	70-130			
Selenium	96.8	2.0	"	100	0.867	95.9	70-130			
Zinc	131	2.0	"	100	34.2	96.4	70-130			
Aluminum	108	2.0	"	100	26.8	81.7	70-130			
Antimony	94.9	0.5	"	100	0.513	94.4	70-130			

Matrix Spike Dup (B415474-MSD1)

Source: 2411429-01

Prepared: 24-Sep-24 Analyzed: 26-Sep-24

Lead	99	0.5	ug/L	100	ND	98.7	70-130	1.71	20	
Barium	162	2.0	"	100	72.8	89.1	70-130	1.54	20	
Arsenic	113	0.5	"	100	9.00	104	70-130	0.504	20	
Cadmium	100	0.50	"	100	ND	99.9	70-130	1.98	20	
Copper	103	0.5	"	100	5.51	97.6	70-130	2.38	20	
Manganese	95.1	0.5	"	100	2.51	92.6	70-130	1.37	20	
Molybdenum	120	0.5	"	100	3.09	117	70-130	2.42	20	
Nickel	105	0.5	"	100	3.33	101	70-130	2.21	20	
Beryllium	96.7	0.5	"	100	ND	96.7	70-130	1.81	20	
Silver	89	0.5	"	100	ND	88.6	70-130	3.16	20	
Thallium	99.3	0.5	"	100	ND	99.3	70-130	2.73	20	

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 24I1429

Reported:
11-Oct-24 08:31

Total Metals by ICP-MS - Quality Control
Envirodyne Laboratories, Inc.

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	--------------------	-------	----------------	------------------	------	----------------	-----	--------------	-------

Batch B4I5474 - Metals - EPA 200.2

Matrix Spike Dup (B4I5474-MSD1)	Source: 24I1429-01			Prepared: 24-Sep-24 Analyzed: 26-Sep-24						
Chromium	98.2	2.0	ug/L	100	ND	98.2	70-130	2.11	20	
Selenium	95.5	2.0	"	100	0.867	94.6	70-130	1.39	20	
Zinc	131	2.0	"	100	34.2	96.4	70-130	0.0186	20	
Aluminum	109	2.0	"	100	26.8	81.9	70-130	0.232	20	
Antimony	94.6	0.5	"	100	0.513	94.1	70-130	0.365	20	

Envirodyne Laboratories, Inc.

Laura Bonjonia

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Envirodyne Laboratories, Inc
11011 Brooklet Dr., # 230
Houston, TX 77099
281.568.7880 Phone
www.envirodyne.com

Client: Urban Engineering
Project: Nueces County Water Control
Work Order: 2411429

Reported:
11-Oct-24 08:31

Notes and Definitions

Q QC did not meet ELI acceptance criteria
P Sample preserved at bench
I Greater than 30% difference between highest and lowest values
H Hold time exceeded
ND Analyte NOT DETECTED at or above the reporting limit
< Result is less than the RL
a Analyte not available for TNI/NELAP accreditation
n Not accredited

Envirodyne Laboratories, Inc.

A handwritten signature in black ink, reading 'Laura Bonjonia', is written over a horizontal line.

Laura Bonjonia, Administrator

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



24J1429

Enviro-Lyne L
11011 Brock
Houston, TX
Phone (281) 568-7811



E A441687

je Of

24 I 1429

TCEQ Certification # T104704265

Name: Urban Engineering
Address: 2725 Swantner Dr.,
City: Corpus Christi, TX 78404
Contact: Brian Wik, P.E.

Phone: 361.339.2085 Email: BWik@urbaneng.com

Project No. 200 Howard Blvd, Port Aransas, TX 78373

Client/Project

200 Howard Blvd, Port Aransas, TX 78373				Nueces County Water Control				pH	D.O.	Temp.	Analysis Time
Lab ID No.	Field Sample No./ Identification	Date & Time	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED					
	Effluent		NA	Liquid	NA	pH, DO, Cl2 residual <i>Tested</i>					
	Effluent		1 gal cubie	Liquid	Ice	BOD, TSS, TDS, SO4, Cl, Cond, Cr+6, Cr3					
	Effluent		500 mL P	Liquid	Ice, H2SO4	NH3-N, TKN-N, T. PO4, NO3-N					
	Effluent		120 Idexx	Liquid	Ice, Sod Thio	Ecoli, Enterococci					
	Effluent		500 ml P	Liquid	HNO3	b, As, Be, Cd, Cr, Cu, Pb, Hg, Ni, Se, Ag, Tl, Zn					
	Effluent		1 L G	Liquid	Ice, HCl	Oil & Grease					
	Effluent		3/4 40ml VOA	Liquid	Ice	VOC (624)					
	Effluent		250 ml P	Liquid	Ice, NaOH	Cyanide, Amenable					
	Effluent		1 L Amber	Liquid	Ice, H2SO4	Phenol					
	Effluent		(3) 1 L Amber	Liquid	Ice	BNA, Pesticides, PCBs					

Samplers: (Signature) <i>Brian Wik</i>	Relinquished by: (Signature) <i>Brian Wik</i>	Date: 9/11/24 Time: 9:00am	Received by: (Signature) <i>Brian Wik</i>	Date: 9/11/24 Time: 9:00am	Seal Intact?
Affiliation NUCES COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT #4 (NWCID #4)	Relinquished by: (Signature)	Date: 9/11/24 Time: 9:00am	Received by: (Signature) <i>Brian Wik</i>	Date: 9/11/24 Time: 9:00am	Seal Intact?
Remarks: (1) MISSING E. coli bottle when initially shipped. Lab is aware of this error.	Relinquished by: (Signature)	Date: 9/11/24 Time: 9:00am	Received by: (Signature) <i>Brian Wik</i>	Date: 9/11/24 Time: 9:00am	Seal Intact?
FLOW: Meter Reading: Cl2 Residual: Mn Correction: Cl2 Corrected:	Relinquished by: (Signature)	Date: 9/11/24 Time: 9:00am	Received by: (Signature) <i>Brian Wik</i>	Date: 9/11/24 Time: 9:00am	Laboratory No.

Francesca Findlay

From: Francesca Findlay
Sent: Monday, December 30, 2024 3:16 PM
To: Veronica Torrez; Rhonda Davis
Subject: WQ0010846001 Nueces County WCID 4

Good afternoon,

I am looking for a receipt for the file WQ0010846001 Nueces County Water Control Improvement District No. 4

Check number 54441

Check written by Nueces County Water Control Improvement District No. 4

Received 12/20/2024

Amount \$2015.00

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



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

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

Francesca Findlay

From: Brian Wik, PE <BWik@dccm.com>
Sent: Tuesday, January 14, 2025 7:08 PM
To: Francesca Findlay
Cc: smack@ncwcid4.org
Subject: RE: WQ0010846001 Nueces County Water Control and Improvement District No. 4
Attachments: wq0010846001-nod1.pdf

WQ0010846001 Nueces County Water Control and Improvement District No. 4

Good Afternoon Francesca,
In response to the below email and attached NOD1, please see the below comments in **Red**.

Item 1:

1. Administrative Report 1.0, Section 8 Item D: Please verify that the public viewing place is where the complete application is made available for viewing and copying by the general public.

Item 1 Urban DCCM Response:

Yes, the public viewing place is where the complete application will be made available for viewing and copying by the public.

Item 2:

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

Corpus

APPLICATION. Nueces County Water Control and Improvement District No. 4, 200 Howard Boulevard, Port Aransas, Texas 78373, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010846001 (EPA I.D. No. TX0024287) to authorize the discharge of treated wastewater at a volume not to exceed an annual average flow of 2,500,000 gallons per day. The domestic wastewater treatment facility is located at 1500 Ross Avenue, in the city of Port Aransas, in Nueces County, Texas 78373. The discharge route is from the plant site to a freshwater pond; thence to a freshwater marsh; thence to the East Flats portion of the Corpus Christi Bay. TCEQ received this application on December 20, 2024. The permit application will be available for viewing and copying at Nueces County Water Control and Improvement District No. 4, 200 Howard Boulevard, Port Aransas, in Nueces County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application. <https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.078055,27.826111&level=18>

Further information may also be obtained from Nueces County Water Control and Improvement District No. 4 at the address stated above or by calling Mr. Scott Mack, Manager, at 361-749-5201.

Item 2 Urban DCCM Response:

We reviewed the portion of the NORI and have only one comment, please change the word Corus to Corpus as noted above.

Thanks
Brian

Brian Wik, PE
Project Engineer

Urban | DCCM
361-339-2085 p 361-288-0152 c

Please note that our e-mail addresses have changed.

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Tuesday, December 31, 2024 11:44 AM
To: smack@ncwcid4.org
Cc: Brian Wik, PE <BWik@dccm.com>
Subject: FW: WQ0010846001 Nueces County Water Control and Improvement District No. 4

Caution: This e-mail originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Mr. Mack:

The attached Notice of Deficiency letter sent on December 31, 2024, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention January 14, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality



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

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