



# **Administrative Package Cover Page**

**This file contains the following documents:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

Applicants should use this template to develop a plain language summary as required by [Title 30, Texas Administrative Code \(30 TAC\), Chapter 39, Subchapter H](#). Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

If you are subject to the alternative language notice requirements in [30 TAC Section 39.426](#), **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package**. For your convenience, a Spanish template has been provided below.

#### ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

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

City of Bartlett (CN600514202) operates City of Bartlett Wastewater Treatment Plant (RN100835487), a wastewater treatment facility. The facility is located at Lutheran Church Road, in Bartlett, Bell County, Texas 76511. This application is for a major amendment to the existing wastewater discharge permit of treated domestic wastewater via Outfall 001. In Phase 1 the existing lagoon plant will continue to operate with an average daily flow of 0.325 MGD. The City will add a package wastewater treatment plant with a flow of 0.165 MGD and continue to operate the lagoon plant. This will bring the total average daily flow to 0.490 MGD. Finally, the City will construct a new 0.40 MGD plant to replace the existing 0.325 MGD lagoon plant. The package plant will continue to operate and the final plant flow will average 565,000 gallons per day.

Discharges from the facility are expected to contain carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N) and Escherichia coli. Domestic wastewater is treated by a facultative lagoon and settling ponds.



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010880001

**APPLICATION.** City of Bartlett, P.O. Box, Bartlett, Texas 76511, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010880001 (EPA I.D. No. TX0027006) to authorize an increase in the discharge of treated wastewater to a volume not to exceed a daily average flow of 565,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.5 miles northeast of the intersection of State Highway 95 and Farm-to-Market Road 487, near the city of Bartlett, in Bell County, Texas 76511. The discharge route is from the plant site to Town Branch; thence to Indian Creek; thence to Donahoe Creek; thence to Little River. TCEQ received this application on August 13, 2024. The permit application will be available for viewing and copying at Bartlett City Hall, Reception, 140 West Clark Street, Bartlett, in Bell/Williamson 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=-97.41317,30.80065&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.**

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

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

**AGENCY CONTACTS AND INFORMATION.** All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105,

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

Further information may also be obtained from City of Bartlett at the address stated above or by calling Ms. Susan Hilton, MRB Group, Project Manager, at 254-771-2054.

Issuance Date: September 26, 2024

## Abesha Michael

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**From:** Hilton, Susan <Susan.Hilton@mrbgroup.com>  
**Sent:** Friday, August 30, 2024 3:26 PM  
**To:** Abesha Michael; mayormees@bartlett-tx.us  
**Cc:** City Admin  
**Subject:** RE: Application to Amend Permit No. WQ0010880001 - Notice of Deficiency Letter  
**Attachments:** 2024-08-23 Bartlett WWTP Permit USGS Map.pdf; 10400 - Core Data Form - Bartlett - rev.pdf; 20972 Plain Language Summary - Revised.pdf; Updated Administrative Report Page 3.pdf; labels avery 5160 affected landowner 8.30.24.docx; 2024-08-23 Bartlett WWTP Permit Affected Landowner Map.pdf; 2024-08-23 Bartlett WWTP Affected Landowner List (003).pdf

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

Hello –

Attached you will find the following documents:

1. Revised Core Data form.
2. Updated Section 2, Item # of the Administrative Report
3. Updated Plain Language Summary
4. Updated USGS Map
5. Updated Landowner list and Map
6. Updated Mailing labels in Word

The NORI information is complete. No changes are necessary.

Please let us know if you have additional questions.

**SUSAN HILTON, P.E.** / MRB Group / 254.313.9182

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**From:** Abesha Michael <Abesha.Michael@tceq.texas.gov>  
**Sent:** Wednesday, August 21, 2024 1:35 PM  
**To:** mayormees@bartlett-tx.us  
**Cc:** Hilton, Susan <Susan.Hilton@mrbgroup.com>  
**Subject:** Application to Amend Permit No. WQ0010880001 - Notice of Deficiency Letter

Dear Mr. Mees:

The attached Notice of Deficiency letter sent on August 21, 2024, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by September 4, 2024.

Thank you,



Abesha H. Michael  
Applications Review & Processing Team  
Water Quality Division Support Section  
Water Quality Division, MC 148  
PO Box 13087  
Austin, Texas 78711  
Phone: o: 512-239-4912; c: 346-802-8446  
Email: [abesha.michael@tceq.texas.gov](mailto:abesha.michael@tceq.texas.gov)

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



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input checked="" type="checkbox"/> Other <b>Major Amendment</b>
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600514202		RN 100835487

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		8/12/2024	
<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>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Bartlett					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	<b>10. DUNS Number</b> (if applicable)
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Other:	
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>	
<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 type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<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					
<b>15. Mailing Address:</b>	PO Drawer H				
	140 W. Clark Street				
	<b>City</b>	Bartlett	<b>State</b>	TX	<b>ZIP</b> 76511 <b>ZIP + 4</b>
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				mayormees@bartlett-tx.us	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	

## SECTION III: Regulated Entity Information

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)								
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
City of Bartlett WWTP								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)	Lutheran Church Road							
	<b>City</b>	Bartlett	<b>State</b>	TX	<b>ZIP</b>	76511	<b>ZIP + 4</b>	
<b>24. County</b>	Bell							

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

<b>25. Description to Physical Location:</b>	Approximately 0.5 miles northeast of the intersection of State Highway 95 and Farm-to-Market Road 487							
<b>26. Nearest City</b>					<b>State</b>	<b>Nearest ZIP Code</b>		
Bartlett					TX	76511		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		30.797613			<b>28. Longitude (W) In Decimal:</b>		-97.412383	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
30	47	51.4068	-97	24	44.5788			
<b>29. Primary SIC Code</b> (4 digits)		<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)		
4952				221320				
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
Wastewater Treatment Plant								
<b>34. Mailing Address:</b>	PO Drawer H							
	140 W. Clark Street							
	<b>City</b>	Bartlett	<b>State</b>	TX	<b>ZIP</b>	76511	<b>ZIP + 4</b>	
<b>35. E-Mail Address:</b>		mayormees@bartlet-tx.us						
<b>36. Telephone Number</b>			<b>37. Extension or Code</b>			<b>38. Fax Number</b> (if applicable)		
( 254 ) 527-3219						( ) -		

**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.

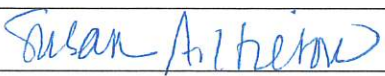
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	RN100835487			

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Susan Hilton, PE	<b>41. Title:</b>	Project Manager
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>
( 254 ) 771-2054		( ) -	susan.hilton@mrbgroun.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.

<b>Company:</b>	MRB Group	<b>Job Title:</b>	Project Manager
<b>Name (In Print):</b>	Susan Hilton, PE	<b>Phone:</b>	( 254 ) 771- 2054
<b>Signature:</b>		<b>Date:</b>	8/28/2024



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: The City of Bartlett plans on installing a package WWTP to support a development while maintaining operation of the 0.325 MGD lagoon plant. This will increase the total flow to 0.49 MGD. The City has started design on a new 0.40 MGD activated sludge wastewater treatment plant which will replace the 0.325 MGD lagoon plant. When completed, the lagoon plant will be decommissioned. The City will operate the package plant (0.165 MGD) and activated sludge plant (0.40 MGD) for a total flow of 0.565 MGD.

f. For existing permits:

Permit Number: WQ00 10880001

EPA I.D. (TPDES only): TX 0027006

Expiration Date: 1/24/025

### 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?

City of Bartlett

*(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: 600514202

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: Mees, Chad

Title: Mayor

Credential: Click to enter text.

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



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Discharges from the facility are expected to contain carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N) and Escherichia coli. Domestic wastewater is treated by a facultative lagoon and settling ponds.

## PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES Introduzca 'INDUSTRIALES' o 'DOMÉSTICAS' aquí /AGUAS PLUVIALES

*El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.*

1. Introduzca el nombre del solicitante aquí (2. Introduzca el número de cliente aquí (es decir, CN6#####).) 3. Elija del menú desplegable 4. Introduzca el nombre de la instalación aquí 5. Introduzca el número de entidad regulada aquí (es decir, RN1#####), 6. Elija del menú desplegable 7. Introduzca la descripción de la instalación aquí. La instalación 8. Elija del menú desplegable, ubicada en 9. Introduzca la ubicación aquí, en 10. Introduzca el nombre de la ciudad aquí, Condado de 11. Introduzca el nombre del condado aquí, Texas 12. Introduzca el código postal aquí. 13. Introduzca el resumen de la petición de solicitud aquí. <<Para las solicitudes de TLAP incluya la siguiente oración, de lo contrario, elimine:>> Este permiso no autorizará una descarga de contaminantes en el agua en el estado.

Se espera que las descargas de la instalación contengan 14. Liste todos los contaminantes esperados aquí. 15. Introduzca los tipos de aguas residuales descargadas aquí. 16. Elija del menú desplegable tratado por 17. Introduzca una descripción del tratamiento de aguas residuales utilizado en la instalación aquí.

**Bartlett, Texas**

**2024 Wastewater Treatment Plant Permit**

**Affected Landowner List**

<b>ID</b>	<b>Owner Name</b>	<b>Mailing Address</b>
1	MARTINKA BROTHERS FARM INC.	13220 FM 487, BARTLETT, TX 76511
2	MARTINKA BROTHERS FARMS INC	13220 FM 487, BARTLETT, TX 76511
3	BUCHHORN, CALVIN GLENN ETUX ALICE LANELL	13520 FM 487, BARTLETT, TX 76511
4	WILL O BELL INC	PO BOX 107, BARTLETT, TX 76511
5	SPIEGELHAUER, EDMUND C JR	29833 ST HWY 95, BARTLETT, TX 76511
6	BARTOO, ROWLAND & JANET	12660 LUTHERAN CHURCH RD, BARTLETT, TX 76511

MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76511

MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76511

MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76511

MARTINKA BROTHERS FARMS INC  
13220 FM 487  
BARTLETT TX 76511

MARTINKA BROTHERS FARMS INC  
13220 FM 487  
BARTLETT TX 76511

MARTINKA BROTHERS FARMS INC  
13220 FM 487  
BARTLETT TX 76511

BUCHHORN CALVIN GLENN  
ETUX ALICE LANELL  
13520 FM 487  
BARTLETT TX 76511

BUCHHORN CALVIN GLENN  
ETUX ALICE LANELL  
13520 FM 487  
BARTLETT TX 76511

BUCHHORN CALVIN GLENN  
ETUX ALICE LANELL  
13520 FM 487  
BARTLETT TX 76511

WILL O BELL INC  
PO BOX 107  
BARTLETT TX 76511

WILL O BELL INC  
PO BOX 107  
BARTLETT TX 76511

WILL O BELL INC  
PO BOX 107  
BARTLETT TX 76511

SPIEGELHAUER EDMUND C JR  
29833 ST HWY 95  
BARTLETT TX 76511

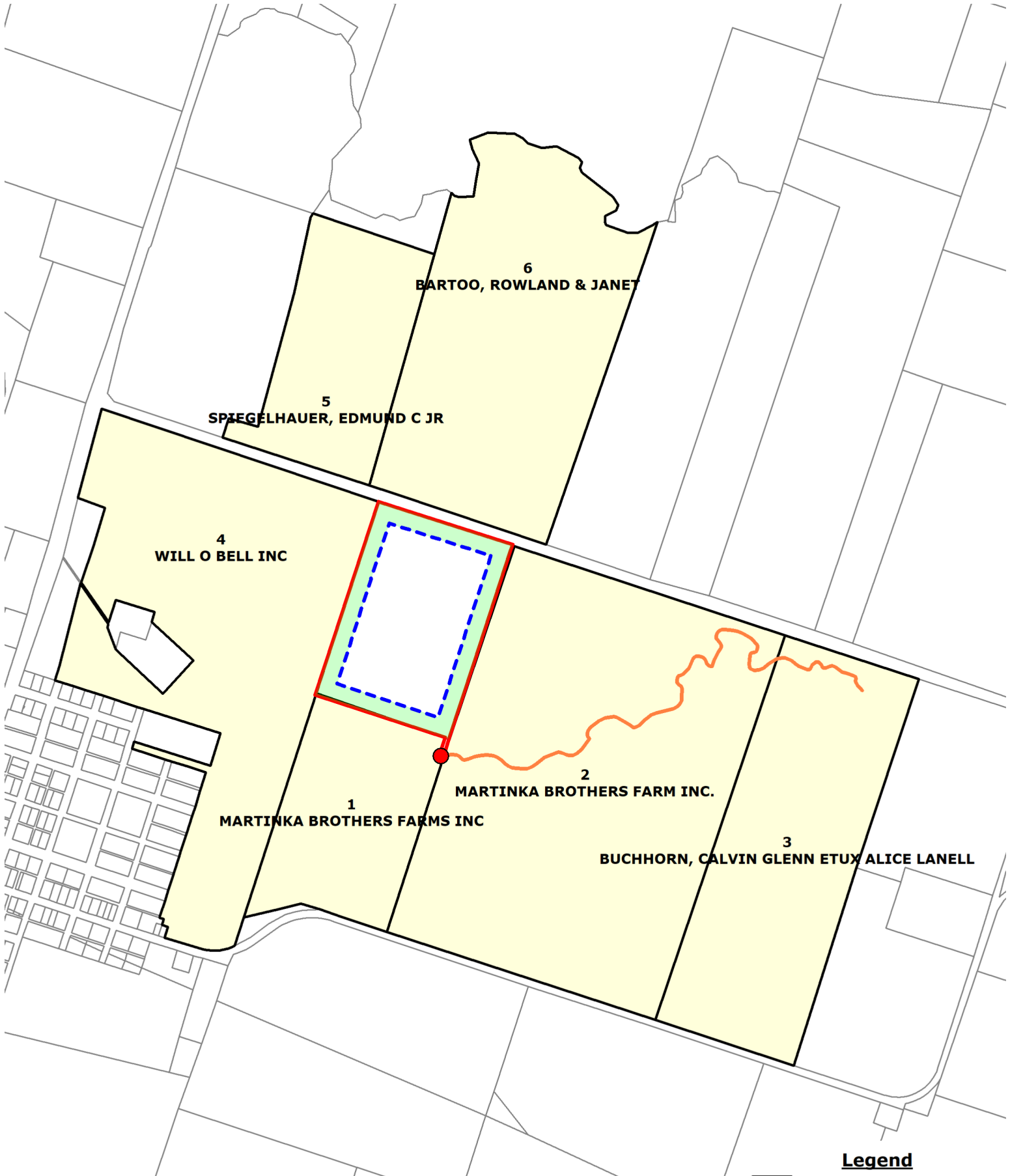
SPIEGELHAUER EDMUND C JR  
29833 ST HWY 95  
BARTLETT TX 76511

SPIEGELHAUER EDMUND C JR  
29833 ST HWY 95  
BARTLETT TX 76511

BARTOO ROWLAND & JANET  
12660 LUTHERAN CHURCH RD  
BARTLETT TX 76511







BARTOO ROWLAND & JANET  
12660 LUTHERAN CHURCH RD  
BARTLETT TX 76511

BARTOO ROWLAND & JANET  
12660 LUTHERAN CHURCH RD  
BARTLETT TX 76511

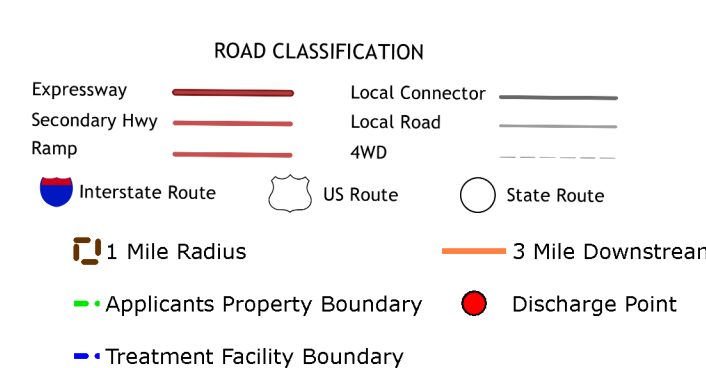
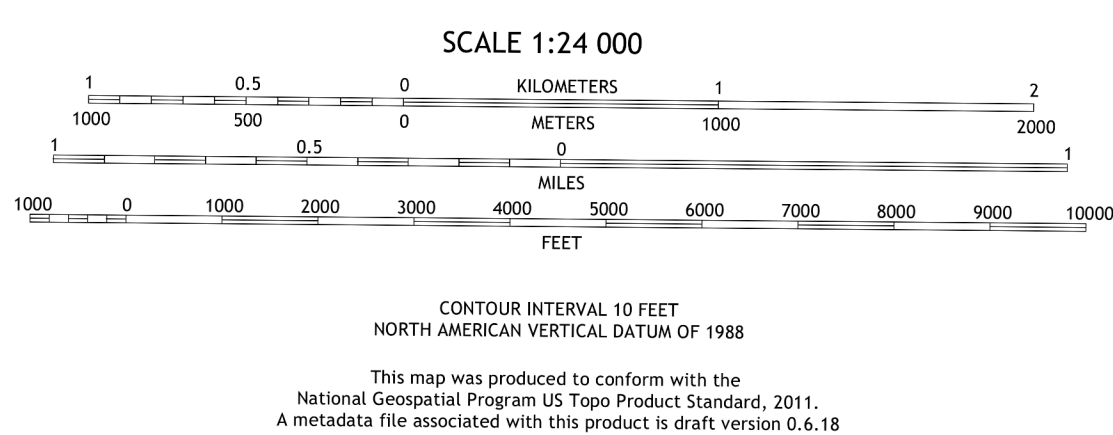
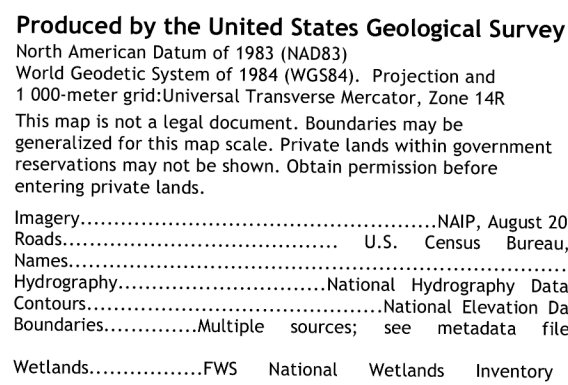
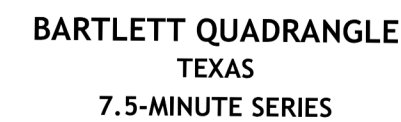


**City of Bartlett, Texas**  
**2024 Wastewater Treatment Plant Permit**  
**Affected Landowner Map**

**Legend**

-  Affected Landowners
-  150ft Buffer Zone
-  Applicants Property Boundary
-  Treatment Facility Boundary
-  1 Mile Downstream
-  Discharge Point





BARTLETT, TX  
2010





# MRB *group* **LETTER OF TRANSMITTAL**

303 W. Calhoun Ave.

Temple, TX 76501

254-771-2054

TBPE Firm Registration No: F-10615

Email: [info@mrbgroupp.com](mailto:info@mrbgroupp.com)

[www.mrbgroup.com](http://www.mrbgroup.com)

**DATE:** AUGUST 12, 2024 **JOB No.:** 0213.20000.000

**ATTENTION:** EXECUTIVE DIRECTOR

**RE:** CITY OF BARTLETT APPLICATION

**To:** Texas Comission on Environmental Quality  
Applications Review and Processing Team (MC148)  
12100 Park 35 Circle  
Austin, TX 78753

**WE ARE SENDING YOU**

<input type="checkbox"/> Shop drawings	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Under separate cover via	the following items:	
<input type="checkbox"/> Copy of letter	<input type="checkbox"/> Prints	<input type="checkbox"/> Plans	<input type="checkbox"/> Samples	<input type="checkbox"/> Specifications
	<input type="checkbox"/> Change Order	<input type="checkbox"/> Other		

COPIES	DATE	NO.	DESCRIPTION
1			City of Bartlett TPDES Permit Application - Original
2			City of Bartlett TPDES Permit Application - Copy

**THESE ARE TRANSMITTED as checked below:**

<input checked="" type="checkbox"/> For approval	<input type="checkbox"/> Approved as submitted	<input type="checkbox"/> Resubmit	copies for approval
<input type="checkbox"/> For your use	<input type="checkbox"/> Approved as noted	<input type="checkbox"/> Submit	copies for distribution
<input type="checkbox"/> As requested	<input type="checkbox"/> Returned for correction	<input type="checkbox"/> Return	corrected plans
<input type="checkbox"/> For review and comment	<input type="checkbox"/> Other		
<input type="checkbox"/> For bids due		<input type="checkbox"/> Prints returned after loan to us	

**REMARKS:**

**COPY TO:**

**SIGNED:** Susan Helm



*If enclosures are not as noted, kindly notify us at once.*



MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76541

Q

MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76541

MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76541

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BARTLETT TX 76541

MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76541

MARTINKA BROTHERS FARM INC  
13220 FM 487  
BARTLETT TX 76541

BUCHHORN CALVIN GLENN ETUX  
ALICE LANELL  
13520 FM 487  
BARTLETT TX 76541

BUCHHORN CALVIN GLENN ETUX  
ALICE LANELL  
13520 FM 487  
BARTLETT TX 76541

BUCHHORN CALVIN GLENN ETUX  
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13520 FM 487  
BARTLETT TX 76541

BUCHHORN CALVIN GLENN ETUX  
ALICE LANELL  
13520 FM 487  
BARTLETT TX 76541

**MRB** | group

NOTE:

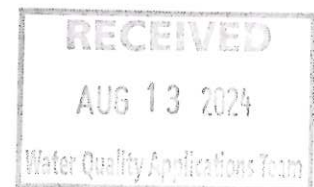
2 ADJACENT LAND OWNERS

6 LABELS / LAND OWNER PROVIDED  
ONLY 1 SHEET OF LABELS

[www.mrbgroup.com](http://www.mrbgroup.com)

**City of Bartlett**  
**TPDES Permit Application**  
**WQ0010880001**

**ORIGINAL**





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

**Complete and submit this checklist with the application.**

APPLICANT NAME: City of Bartlett

PERMIT NUMBER (If new, leave blank): WQ00 10880001

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Buffer Zone Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	\$1,615.00 <input type="checkbox"/>
≥1.0 MGD	\$2,050.00 <input type="checkbox"/>	\$2,015.00 <input type="checkbox"/>

Minor Amendment (for any flow) \$150.00 ☐

#### Payment Information:

Mailed      Check/Money Order Number: 59261  
Check/Money Order Amount: \$1650.00  
Name Printed on Check: City of Bartlett

EPAY      Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed?      Yes ☐

### Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active      ☐ Inactive

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

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

d. Check the box next to the appropriate application type

- ☐ 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: The City of Bartlett will be starting design on a new activated sludge wastewater treatment plant which will increase the flow from 0.325 MGD to 0.4 MGD. To allow development within the City while the new plant is being constructed, the City will be installing a package WWTP.

f. For existing permits:

Permit Number: WQ00 10880001

EPA I.D. (TPDES only): TX 0027006

Expiration Date: 1/24/025

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

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

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

City of Bartlett

*(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: 600514202

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: Mees, Chad

Title: Mayor

Credential: Click to enter text.

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

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

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: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Provide a brief description of the need for a co-permittee: Click to enter text.

### C. Core Data Form

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

## 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: Mees, Chad

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Bartlett

Mailing Address: PO Drawer H, 140 W. Clark Street City, State, Zip Code: Bartlett, TX 76511

Phone No.: 254-527-3219

E-mail Address: mayormees@bartlett-tx.us

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Ms.

Last Name, First Name: Hilton, Susan

Title: Project Manager

Credential: PE

Organization Name: MRB Group

Mailing Address: 303 W. Calhoun Ave. City, State, Zip Code: Temple, TX 76501

Phone No.: 254-771-2054

E-mail Address: susan.hilton@mrbgroup.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: Ms.

Last Name, First Name: Mees, Chad

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Bartlett

Mailing Address: PO Drawer H, 140 W. Clark Street City, State, Zip Code: Bartlett, TX 76511

Phone No.: 254-527-3219

E-mail Address: mayormees@bartlett-tx.us

B. Prefix: Ms.

Last Name, First Name: Hilton, Susan

Title: Project Manager

Credential: PE

Organization Name: MRB Group

Mailing Address: 303 W. Calhoun Ave.

City, State, Zip Code: Temple, TX 76501

Phone No.: 254-771-2054

E-mail Address: susan.hilton@mrbgroup.com

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

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

Prefix: Ms.

Last Name, First Name: Mees, Chad

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Bartlett

Mailing Address: PO Drawer H, 140 W. Clark Street

City, State, Zip Code: Bartlett, TX 76511

Phone No.: 254-527-3219

E-mail Address: mayormees@bartlett-tx.us

## 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: Hunn, Shane

Title: WWTP Operator

Credential: Click to enter text.

Organization Name: City of Bartlett

Mailing Address: PO Drawer H, 140 W. Clark Street

City, State, Zip Code: Bartlett, TX 76511

Phone No.: 254-527-3219

E-mail Address: Click to enter text.

## Section 8. Public Notice Information (Instructions Page 27)

### A. Individual Publishing the Notices

Prefix: Ms.

Last Name, First Name: Hilton, Susan

Title: Project Manager

Credential: PE

Organization Name: MRB Group

Mailing Address: 303 W. Calhoun Avenue

City, State, Zip Code: Temple, TX 76501

Phone No.: 254-771-2054

E-mail Address: susan.hilton@mrbgroup.com



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

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

- ☒ E-mail Address  
☐ Fax  
☒ Regular Mail

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

Prefix: Ms. Last Name, First Name: Hilton, Susan  
Title: Project Manager Credential: PE  
Organization Name: MRB Group  
Mailing Address: 303 W. Calhoun Avenue City, State, Zip Code: Temple, TX 76501  
Phone No.: 254-771-2054 E-mail Address: susan.hilton@mrbgroup.com

**D. Public Viewing Information**

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

Public building name: Bartlett City Hall  
Location within the building: Reception  
Physical Address of Building: 140 W. Clark Street  
City: Bartlett County: Bell/Williamson  
Contact (Last Name, First Name): Mees, Chad  
Phone No.: 254-527-3219 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No



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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

#### F. Plain Language Summary Template

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

**Attachment:** B

#### 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:** C

### 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 100835487

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

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

City of Bartlett WWTP

C. Owner of treatment facility: City of Bartlett

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

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

Prefix: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)

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

Organization Name: City of Bartlett

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

Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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

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

E. Owner of effluent disposal site:

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

Last Name, First Name: [Click to enter text.](#)

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

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

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

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

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

Phone No.: [Click to enter text.](#)

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

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

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

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

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

Last Name, First Name: [Click to enter text.](#)

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

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

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

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

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

Phone No.: [Click to enter text.](#)

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

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

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

## Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

The package plant and the new plant will be on the same parcel of land that the existing plant is on.

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:

The existing outfall will be used for the package plant and the new wastewater treatment plant.

City nearest the outfall(s): Bartlett

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

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

☐ Yes ☒ No



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

- ☐ Authorization granted      ☐ Authorization pending

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

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

- D. For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: [Click to enter text.](#)

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

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

☐ Yes      ☐ No

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

[Click to enter text.](#)

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

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

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

[Click to enter text.](#)

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

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

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

Amount past due: [Click to enter text.](#)

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: [Click to enter text.](#)

Amount past due: [Click to enter text.](#)

## Section 13. Attachments (Instructions Page 33)

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

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

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

- 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: Attachment D – USGS Map

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

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

Permit Number: WQ0010880001

Applicant: City of Bartlett

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.

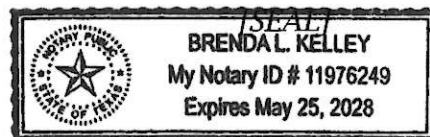
Signatory name (typed or printed): Chad Mees

Signatory title: Mayor

Signature:  Date: 7/11/24  
(Use blue ink)

Subscribed and Sworn to before me by the said \_\_\_\_\_  
on this 11<sup>th</sup> day of July, 20 24.  
My commission expires on the 25<sup>th</sup> day of May, 20 28.

  
Notary Public



Bell  
County, Texas



# DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

## Section 1. Affected Landowner Information (Instructions Page 36)

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

Attachment E

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

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

C. Indicate by a check mark in which format the landowners list is submitted:

- ☐ USB Drive      ☒ Four sets of labels

D. Provide the source of the landowners' names and mailing addresses: Bell County Appraisal District

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

- ☐ Yes      ☒ No

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

Click to enter text.

## Section 2. Original Photographs (Instructions Page 38)

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

Attachment F

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

## Section 3. Buffer Zone Map (Instructions Page 38)

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

Attachment G

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

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

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

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

- ☐ Yes      ☒ No

# DOMESTIC WASTEWATER PERMIT APPLICATION

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

**Attachment:** H



# ATTACHMENT 1

## INDIVIDUAL INFORMATION

### Section 1. Individual Information (Instructions Page 41)

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

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

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

Driver's License or State Identification Number: [Click to enter text.](#)

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

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

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

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

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

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

#### **For Commission Use Only:**

Customer Number:

Regulated Entity Number:

Permit Number:

# DOMESTIC WASTEWATER PERMIT APPLICATION

## CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

### Things to Know:

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

Landowners 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

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

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

#### Section 1. Permitted or Proposed Flows (Instructions Page 43)

##### A. Existing/Interim I Phase

Design Flow (MGD): 0.325

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: 1/1/1990

##### B. Interim II Phase

Design Flow (MGD): 0.490

2-Hr Peak Flow (MGD): 0.820

Estimated construction start date: 3/1/2025

Estimated waste disposal start date: 5/1/2025

##### C. Final Phase

Design Flow (MGD): 0.565

2-Hr Peak Flow (MGD): 1.695

Estimated construction start date: 1/1/2026

Estimated waste disposal start date: 6/1/2027

##### D. Current Operating Phase

Provide the startup date of the facility: Existing/Interim I Phase

#### 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.**

Existing Plant – Lift station pumps raw wastewater to the facultative lagoon, then to Stabilization Pond #1, then to Stabilization Pond #2 and then to the outfall. Interim II Phase will keep the existing plant on-line but add a 0.165 MGD package plant to expand organic loading capacity which is currently limited in the lagoon plant. In the final phase, a new 0.40 MGD concrete common wall activated sludge plant will be constructed. The package plant and the new activated sludge plant will continue to operate.

## 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)
01 Pumping Raw Wastewater	1	12' x 14' x 25'
A5 Facultative Lagoon	1	196' x 636' x 7' (12' sludge storage area)
57 Stabilization Lagoon #	1	218' x 693' x 5'
57 Stabilization Lagoon #2	1	218' x 690' x 5'
A2 Package Plant	1	30' x 115' x 14'
05 Preliminary Treatment - Mechanical Bar Screen	1	10' x 3' x 5'
01 Pumping Raw Wastewater	1	10' diameter x 25' depth
14 Activated Sludge - Conventional	2	30' x 26' x 14'
22 Secondary Clarification	2	30' diameter x 14' depth
51 Chlorination for Disinfection	2	Irregular shape - 2,944 CF Total
65 Aerobic Digestion - Air	2	20'x30'x14.5'
78 Dewatering - Sludge Drying Box	1	30 Cubic Yards
67 Composting	1	30'x40'
62 Effluent Outfall	1	12" diameter

## C. Process Flow Diagram

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

**Attachment: I**

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

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

- Latitude: 30.797609
- Longitude: -97.412382

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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

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

**Attachment:** Click to enter text.

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

The City of Bartlett

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

#### Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
City of Bartlett	City of Bartlett	Publicly Owned	1633
		Choose an item.	
		Choose an item.	
		Choose an item.	

### Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

## Section 5. Closure Plans (Instructions Page 45)

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

Click to enter text.

## Section 6. Permit Specific Requirements (Instructions Page 45)

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

### A. Summary transmittal

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

☐ Yes ☒ No

If yes, provide the date(s) of approval for each phase: Click to enter text.

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



Click to enter text.

**B. Buffer zones**

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

**C. Other actions required by the current permit**

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

☐ Yes ☒ No

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

Click to enter text.

**D. Grit and grease treatment**

**1. Acceptance of grit and grease waste**

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

☐ Yes ☒ No

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

**2. Grit and grease processing**

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment

works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

Click to enter text.

### 3. *Grit disposal*

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

Click to enter text.

### 4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

## E. Stormwater management

### 1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

### 2. *MSGP coverage*

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



☐ Yes ☐ No

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

TXR05 [Click to enter text.](#) or TXRNE [Click to enter text.](#)

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

☐ Yes ☐ No

### 3. Conditional exclusion

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### 4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### 5. Zero stormwater discharge

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

☐ Yes ☐ No

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

[Click to enter text.](#)

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal)

located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

**6. Request for coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

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

**F. Discharges to the Lake Houston Watershed**

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

**1. Acceptance of sludge from other WWTPs**

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the sludge, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.



Click to enter text.

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

## 2. *Acceptance of septic waste*

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD<sub>5</sub> concentration of the septic waste, and the design BOD<sub>5</sub> concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

**Table 1.0(2) – Pollutant Analysis for Wastewater Treatment Facilities**

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	13	13	1	Grab	4/18/2024 08:29 am
Total Suspended Solids, mg/l	14	14	1	Grab	4/18/2024 08:29 am
Ammonia Nitrogen, mg/l	11.1	11.1	1	Grab	4/18/2024 08:29 am
Nitrate Nitrogen, mg/l	<0.40	<0.40	1	Grab	4/18/2024 08:29 am
Total Kjeldahl Nitrogen, mg/l	11.5	11.5	1	Grab	4/18/2024 08:29 am
Sulfate, mg/l	181	181	1	Grab	4/18/2024 08:29 am
Chloride, mg/l	305	305	1	Grab	4/18/2024 08:29 am
Total Phosphorus, mg/l	2.25	2.25	1	Grab	4/18/2024 08:29 am
pH, standard units	8.1	8.1	1	Grab	4/18/2024 08:29 am
Dissolved Oxygen*, mg/l	8.0	8.0	1	Grab	4/18/2024 08:29 am
Chlorine Residual, mg/l	0.0	0.0	1	Grab	4/18/2024 08:29 am
<i>E.coli</i> (CFU/100ml) freshwater	3	3	1	Grab	4/18/2024 08:29 am
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	1175	1175	1	Grab	4/18/2024 08:29 am
Electrical Conductivity, $\mu$ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	<7.00	<7.00	1	Grab	4/18/2024 08:29 am
Alkalinity (CaCO <sub>3</sub> )*, mg/l	412	412	1	Grab	4/18/2024 08:29 am

\*TPDES permits only



TCLAP permits only

**Table 1.0(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 <sub>3</sub> ), mg/l					

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

Facility Operator Name: Benny Shane Hunn

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

Facility Operator's License Number: WW0040187

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

### A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

### B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

- ☒ Aerobic Digestion
- ☐ Air Drying (or sludge drying beds)
- ☐ Lower Temperature Composting
- ☐ Lime Stabilization
- ☒ Higher Temperature Composting
- ☐ Heat Drying



- ☐ Thermophilic Aerobic Digestion
- ☐ Beta Ray Irradiation
- ☐ Gamma Ray Irradiation
- ☐ Pasteurization
- ☐ Preliminary Operation (e.g. grinding, de-gritting, blending)
- ☒ Thickening (e.g. gravity thickening, centrifugation, filter press, vacuum filter)
- ☐ Sludge Lagoon
- ☐ Temporary Storage (< 2 years)
- ☐ Long Term Storage (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: [Click to enter text.](#)

### C. Biosolids Management

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

#### Biosolids Management

Management Practice	Handler or Preparer Type	Bulk or Bag Container	Amount (dry metric tons)	Pathogen Reduction Options	Vector Attraction Reduction Option
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk	660 tons/year estimated	Class B: PSRP Aerobic Digestion	Option 1: Volatile solids reduced by 38%
Distribution & Marketing-Composting	On-Site Owner or Operator	Bulk	See above.	Class A: PFRP Composting	Option 5: Aerobic process for 14 days at >40C
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

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

### D. Disposal site

Disposal site name: [To be determined](#)

TCEQ permit or registration number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

### E. Transportation method

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

Name of the hauler: To be determined

Hauler registration number: Click to enter text.

Sludge is transported as a:

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

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

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

### B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

## Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

### A. Location information

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

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

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

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

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

### C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

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

- Copy of the closure plan

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

- Copy of deed recordation for the site

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



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

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

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

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

- Procedures to prevent the occurrence of nuisance conditions

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

#### A. Additional authorizations

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

☐ Yes ☒ No

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

[Click to enter text.](#)

#### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☒ Yes ☐ No

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

☐ Yes ☒ No

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

City is in the process of preparing a compliance SEP to construct the new 0.4 MGD wastewater treatment plant.

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

#### A. RCRA hazardous wastes

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

☐ Yes ☒ No

#### B. Remediation activity wastewater

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

☐ Yes ☒ No

#### C. Details about wastes received

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

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

## Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Benny Shane Hunn

Title: WWTP Operator

Signature: 

Date: 7-12-24



# DOMESTIC WASTEWATER PERMIT APPLICATION

## TECHNICAL REPORT 1.1

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

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

#### A. Justification of permit need

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

The City's existing lagoon plant is organically limited. Installation of a new package plant will allow for new residential/commercial growth within the City while handling the organic loading that comes with the growth. The City has one developer with plans to construct 600 homes within the City with an anticipated buildout over X years. The package plant is anticipated to be installed and operational by mid-2025. The City has been pursuing funding from Texas Water Development Board for the construction of the new 0.4 MGD activated sludge wastewater treatment plant. The design for the 0.4 MGD plant has begun this month (7/2024). Construction funding is still in progress but with hopes to be in place to allow for an early 2026 construction start.

#### B. Regionalization of facilities

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

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

##### 1. *Municipally incorporated areas*

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

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

☐ Yes ☐ No ☐ Not Applicable

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

If yes, attach correspondence from the city.

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

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

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

##### 2. *Utility CCN areas*

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

☐ Yes ☒ No

---

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

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

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

### 3. *Nearby WWTPs or collection systems*

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

☐ Yes ☒ No

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

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

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

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

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

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

## Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☒ Yes ☐ No

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

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

### A. Current organic loading

Facility Design Flow (flow being requested in application): 0.565 MGD

Average Influent Organic Strength or BOD<sub>5</sub> Concentration in mg/l: 250 mg/L

Average Influent Loading (lbs/day = total average flow X average BOD<sub>5</sub> conc. X 8.34): 1178 lbs/day

Provide the source of the average organic strength or BOD<sub>5</sub> concentration.

The primary sources are residential with limited commercial. The prison is expected to re-open and be fully occupied by October 2024.



## B. Proposed organic loading

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

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

Source	Total Average Flow (MGD)	Influent BOD5 Concentration (mg/l)
Municipality		
Subdivision		
Trailer park - transient		
Mobile home park		
School with cafeteria and showers		
School with cafeteria, no showers		
Recreational park, overnight use		
Recreational park, day use		
Office building or factory		
Motel		
Restaurant		
Hospital		
Nursing home		
Other		
TOTAL FLOW from all sources		
AVERAGE BOD <sub>5</sub> from all sources		

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

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

Biochemical Oxygen Demand (5-day), mg/l: 30

Total Suspended Solids, mg/l: 90

Ammonia Nitrogen, mg/l: N/A

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4.0

Other: E. coli – 126 MPN



**B. Interim II Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4.0

Other: E. coli – 126 MPN

**C. Final Phase Design Effluent Quality**

Biochemical Oxygen Demand (5-day), mg/l: 10

Total Suspended Solids, mg/l: 15

Ammonia Nitrogen, mg/l: 3

Total Phosphorus, mg/l: N/A

Dissolved Oxygen, mg/l: 4.0

Other: E. coli – 126 MPN

**D. Disinfection Method**

Identify the proposed method of disinfection.

☒ Chlorine: <4.0 mg/l after 20 minutes detention time at peak flow

Dechlorination process: Click to enter text.

☐ Ultraviolet Light: Click to enter text. seconds contact time at peak flow

☐ Other: Click to enter text.

**Section 4. Design Calculations (Instructions Page 59)**

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

Attachment: J

**Section 5. Facility Site (Instructions Page 60)**

**A. 100-year floodplain**

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

☒ Yes ☐ No

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

Click to enter text.

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

FEMA Firmette

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

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

#### B. Wind rose

Attach a wind rose: [K](#)

### Section 6. Permit Authorization for Sewage Sludge Disposal (Instructions Page 60)

#### A. Beneficial use authorization

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

☐ Yes ☒ No

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

#### B. Sludge processing authorization

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

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

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

### Section 7. Sewage Sludge Solids Management Plan (Instructions Page 61)

Attach a solids management plan to the application.

**Attachment:** [M](#)

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

- Treatment units and processes dimensions and capacities

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

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



# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

#### A. Receiving water outfall

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

#### B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☐ No

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

[Click to enter text.](#)

#### C. Sea grasses

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

☐ Yes ☐ No

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

[Click to enter text.](#)

### Section 3. Classified Segments (Instructions Page 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: Town Branch

#### A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

#### B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☒ Other, specify: Google Earth Images

### C. Downstream perennial confluences

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

None.

### D. Downstream characteristics

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

☐ Yes ☒ No

If yes, discuss how.

Click to enter text.

### E. Normal dry weather characteristics

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

Intermittent stream within farmland.

Date and time of observation: 6/4/2024 12:15 pm

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

### A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

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



## B. Waterbody uses

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

- |  |  |
|--|--|
| <input type="checkbox"/> Livestock watering    | <input type="checkbox"/> Contact recreation                                      |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation                                  |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                                 |
| <input type="checkbox"/> Park activities       | <input type="checkbox"/> Other(s), specify: <a href="#">Click to enter text.</a> |

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

## Section 1. All POTWs (Instructions Page 89)

### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

Significant IUs - non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: [Click to enter text.](#)

### B. Treatment plant interference

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

☐ Yes ☒ No

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

[Click to enter text.](#)

### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

### E. Service Area Map

Attach a map indicating the service area of the POTW. The map should include the applicant's service area boundaries and the location of any known industrial users discharging to the POTW. Please see the instructions for guidance.

Attachment: Click to enter text.

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

### A. Substantial modifications

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

☐ Yes ☐ No

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



Click to enter text.

**B. Non-substantial modifications**

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

☐ Yes ☐ No

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

Click to enter text.

**C. Effluent parameters above the MAL**

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

**Table 6.0(1) – Parameters Above the MAL**

Pollutant	Concentration	MAL	Units	Date

**D. Industrial user interruptions**

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

☐ Yes ☐ No

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

Click to enter text.

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

#### A. General information

Company Name: None.

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

#### B. Process information

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

Click to enter text.

#### C. Product and service information

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

Click to enter text.

#### D. Flow rate information

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

**Process Wastewater:**

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

**Non-Process Wastewater:**

Discharge, in gallons/day: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

**E. Pretreatment standards**

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

**F. Industrial user interruptions**

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

☐ Yes ☐ No

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

[Click to enter text.](#)



# **ATTACHMENT A**

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## **CORE DATA FORM**



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<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
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600514202		RN 100835487

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		8/12/2024			
<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>							
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>			
City of Bartlett							
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)			
				<b>10. DUNS Number</b> (if applicable)			
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual			
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited			
<b>12. Number of Employees</b>				<b>13. Independently Owned and Operated?</b>			
<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 type="checkbox"/> Yes <input type="checkbox"/> No			
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following							
<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							
<b>15. Mailing Address:</b>		PO Drawer H					
		140 W. Clark Street					
		City	Bartlett	State	TX	ZIP	76511
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)			
				mayormees@bartlett-tx.us			
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (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.)

City of Bartlett WWTP

**23. Street Address of the Regulated Entity:**

Lutheran Church Road

(No PO Boxes)

City

Bartlett

State

TX

ZIP

76511

ZIP + 4

**24. County**

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

**25. Description to Physical Location:**

Approximately 0.5 miles northeast of the intersection of State Highway 95 and Farm-to-Market Road 487

**26. Nearest City**

State

Nearest ZIP Code

Bartlett

TX

76511

*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:**

30.797613

**28. Longitude (W) In Decimal:**

-97.412383

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

30

47

51.4068

-97

24

44.5788

**29. Primary SIC Code****30. Secondary SIC Code****31. Primary NAICS Code****32. Secondary NAICS Code**

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

4952

221320

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

Wastewater Treatment Plant

**34. Mailing Address:**

PO Drawer H

140 W. Clark Street

City

Bartlett

State

TX

ZIP

76511

ZIP + 4

**35. E-Mail Address:**

mayormees@bartlett-tx.us

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

( 254 ) 527-3219

( ) -

**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.



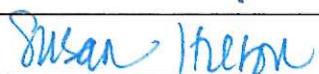
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	RN100835487			

## SECTION IV: Preparer Information

<b>40. Name:</b>	Susan Hilton, PE			<b>41. Title:</b>	Project Manager
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>		
( 254 ) 771-2054		( ) -	susan.hilton@mrbggroup.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.

<b>Company:</b>	MRB Group	<b>Job Title:</b>	Project Manager
<b>Name (In Print):</b>	Susan Hilton, PE	<b>Phone:</b>	( 254 ) 771- 2054
<b>Signature:</b>		<b>Date:</b>	8/12/2024

# **ATTACHMENT B**

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## **PLAIN LANGUAGE SUMMARY**



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

Applicants should use this template to develop a plain language summary as required by [Title 30, Texas Administrative Code \(30 TAC\), Chapter 39, Subchapter H](#). Applicants may modify the template as necessary to accurately describe their facility as long as the summary includes the following information: (1) the function of the proposed plant or facility; (2) the expected output of the proposed plant or facility; (3) the expected pollutants that may be emitted or discharged by the proposed plant or facility; and (4) how the applicant will control those pollutants, so that the proposed plant will not have an adverse impact on human health or the environment.

Fill in the highlighted areas below to describe your facility and application in plain language. Instructions and examples are provided below. Make any other edits necessary to improve readability or grammar and to comply with the rule requirements.

If you are subject to the alternative language notice requirements in [30 TAC Section 39.426](#), **you must provide a translated copy of the completed plain language summary in the appropriate alternative language as part of your application package**. For your convenience, a Spanish template has been provided below.

#### ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS DOMESTIC WASTEWATER/STORMWATER

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

City of Bartlett (CN600514202) operates City of Bartlett Wastewater Treatment Plant (RN100835487), a wastewater treatment facility. The facility is located at Lutheran Church Road, in Bartlett, Bell County, Texas 76511. This application is for the renewal to discharge an average of 325,000 gallons per day (0.325 MGD) of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N) and Escherichia coli. Domestic wastewater is treated by a facultative lagoon and settling ponds.



# **ATTACHMENT C**

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**PUBLIC INVOLVEMENT PLAN FORM  
TCEQ FORM 20960**



Texas Commission on Environmental Quality

## Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

### Section 1. Preliminary Screening

- ☐ New Permit or Registration Application  
☒ New Activity - modification, registration, amendment, facility, etc. (see instructions)

**If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.**

### Section 2. Secondary Screening

- ☒ Requires public notice,  
☐ Considered to have significant public interest, and  
☐ Located within any of the following geographical locations:
- Austin
  - Dallas
  - Fort Worth
  - Houston
  - San Antonio
  - West Texas
  - Texas Panhandle
  - Along the Texas/Mexico Border
  - Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.  
Stop after Section 2 and submit the form.**

- ☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

The project involves construction of a new treatment structure on an existing wastewater treatment p

### Section 3. Application Information

#### Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V

Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire  
☐ Radioactive Material Licensing ☐ Underground Injection Control

#### Water Quality

- ☐ Texas Pollutant Discharge Elimination System (TPDES)
  - ☐ Texas Land Application Permit (TLAP)
  - ☐ State Only Concentrated Animal Feeding Operation (CAFO)
  - ☐ Water Treatment Plant Residuals Disposal Permit
- ☐ Class B Biosolids Land Application Permit
- ☐ Domestic Septage Land Application Registration

#### Water Rights New Permit

- ☐ New Appropriation of Water
- ☐ New or existing reservoir

#### Amendment to an Existing Water Right

- ☐ Add a New Appropriation of Water
- ☐ Add a New or Existing Reservoir
- ☐ Major Amendment that could affect other water rights or the environment

### Section 4. Plain Language Summary

Provide a brief description of planned activities.



## Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

**Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.**

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☐

City

☐

County

☐

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

(b) Per capita income for population near the specified location

(c) Percent of minority population and percent of population by race within the specified location

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

## Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☐ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☐ No

If Yes, please describe.

**If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.**

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☐ No

**Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.**

If yes, how will you provide notice in alternative languages?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
- ☐ Public Place (specify)

## Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

☐ Yes ☐ No

What types of notice will be provided?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

# **ATTACHMENT D**

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**USGS MAP**





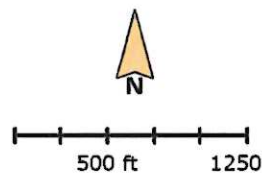
# **ATTACHMENT E**

---

## **AFFECTED LANDOWNER INFORMATION**



**City of Bartlett, Texas**  
**2024 Wastewater Treatment Plant Permit**  
**Affected Landowner Map**



**Legend**

- Affected Landowners
- 150ft Buffer Zone
- Applicants Property Boundary
- Treatment Facility Boundary
- 1 Mile Downstream
- Discharge Point



Bartlett, Texas

2024 Wastewater Treatment Plant Permit

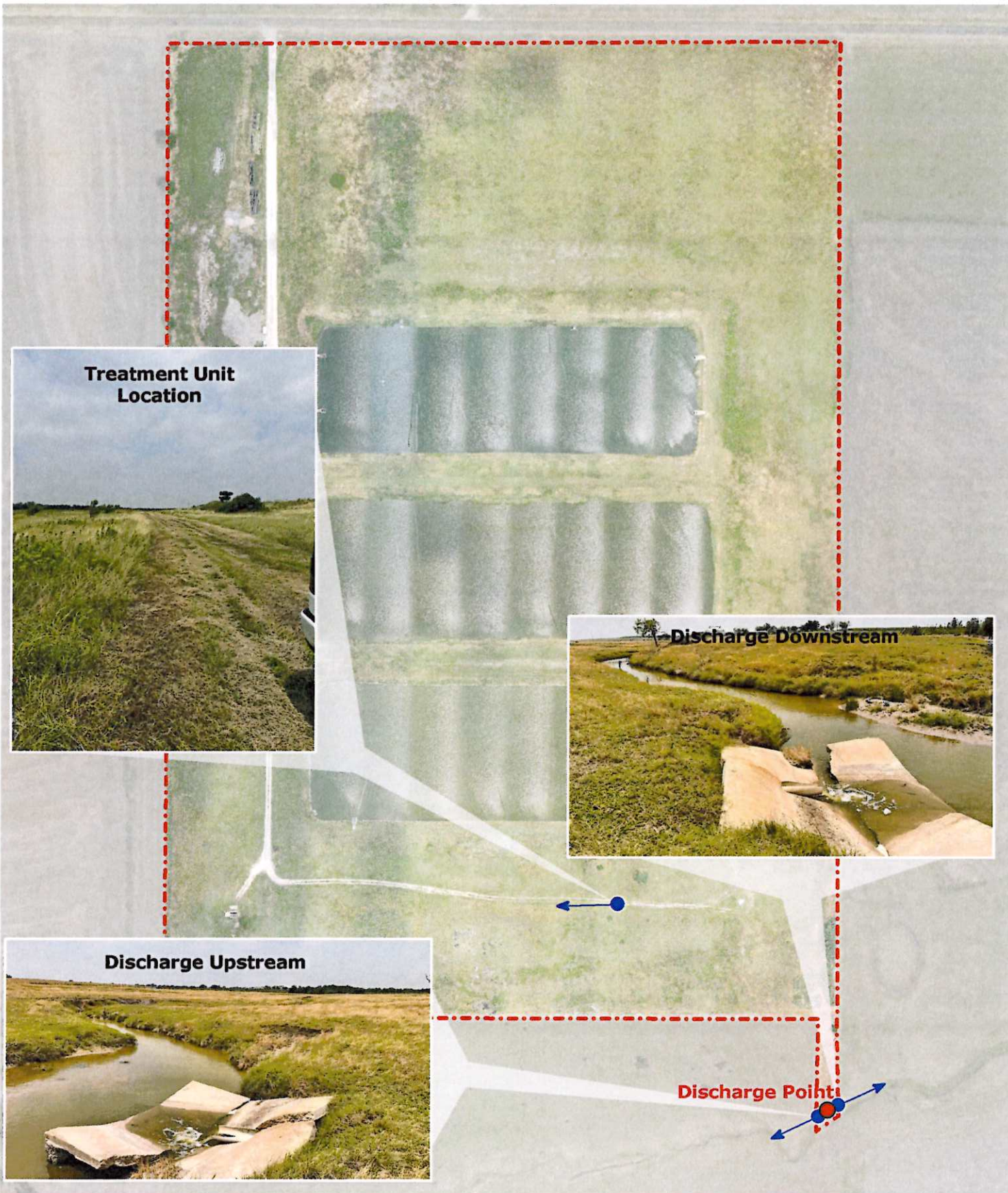
Affected Landowner List

Property ID	Owner Name	Mailing Address
1	MARTINKA BROTHERS FARM INC.	13220 FM 487, BARTLETT, TX 76511
2	MARTINKA BROTHERS FARMS INC	13220 FM 487, BARTLETT, TX 76511
3	BUCHHORN, CALVIN GLENN ETUX ALICE LANELL	13520 FM 487, BARTLETT, TX 76541

# **ATTACHMENT F**

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## **PHOTOGRAPHS**



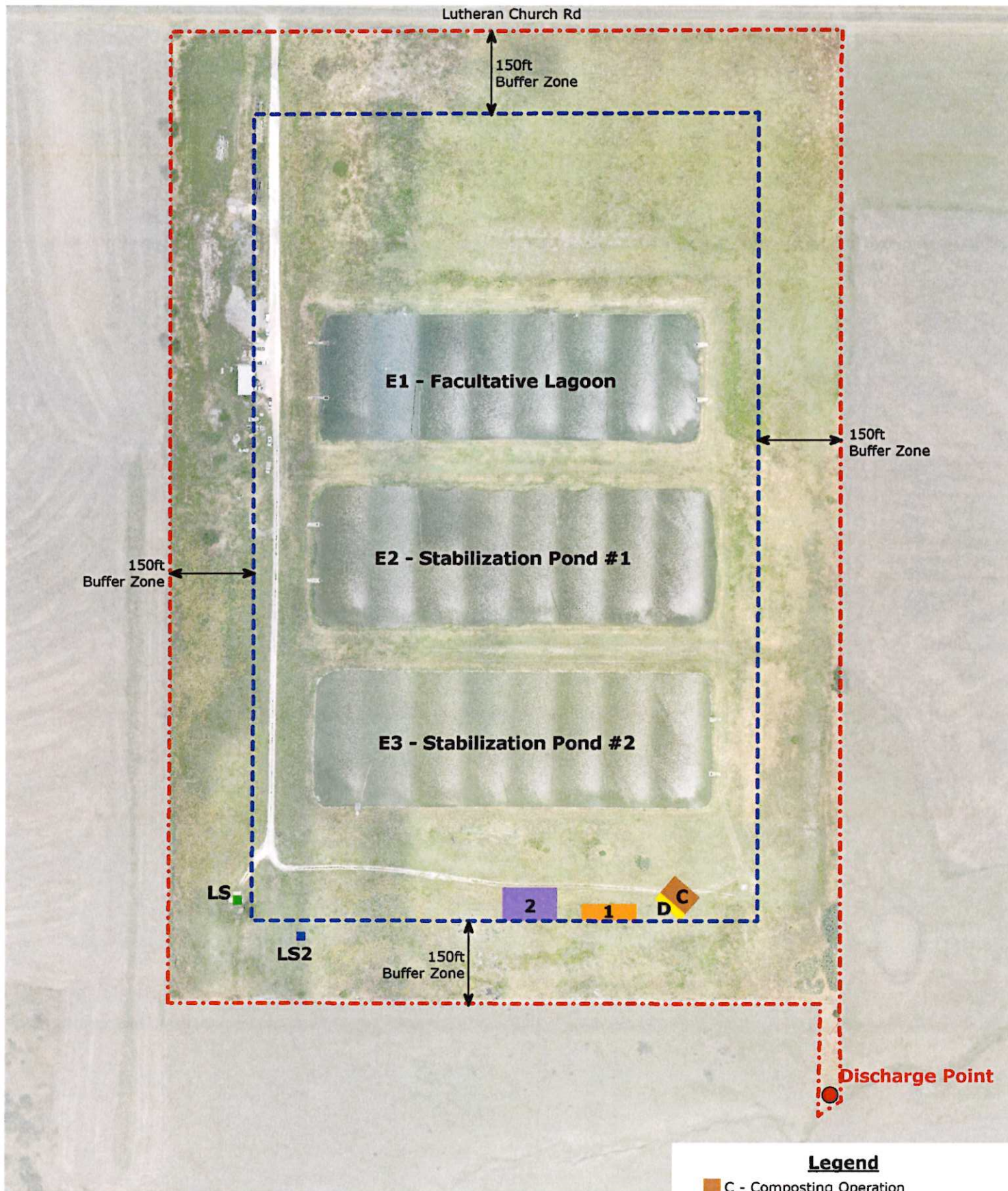
**City of Bartlett, Texas**  
**2024 Wastewater Treatment Plant Permit**  
**Photo Map**



# **ATTACHMENT G**

---

## **BUFFER ZONE MAP**



**City of Bartlett, Texas**  
**2024 Wastewater Treatment Plant Permit**  
**Buffer Zone Map**



**Legend**

- C - Composting Operation
- D - Sludge Dewatering Bin
- LS - Existing Lift Station
- LS2 - New Lift Station Package Plant
- 1 - Package WWTP
- 2 - 0.4 MGD Activated Sludge WWTP
- - - Applicants Property Boundary
- - - Treatment Facility Boundary

# **ATTACHMENT H**

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

The following applies to all applications:

1. Permittee: City of Bartlett

Permit No. WQ00 10880001EPA ID No. TX 0027006

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

Approximately 0.5 miles northeast of the intersection of State Highway 95 and Farm-to-Market Road 487, Bartlett, in Bell County, Texas 76511

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: Chad Mees

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

Title: Mayor

Mailing Address: PO Drawer H, 140 W. Clark Street

City, State, Zip Code: Bartlett, TX 76511

Phone No.: 254-527-3219 Ext.: Click here to enter text. Fax No.: Click here to enter text.

E-mail Address: mayormees@bartlett-tx.us

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

Click here to enter text.

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.

Discharge to Town Branch, thence to Indian Creek, thence to Donahoe Creek, thence to Little River in Segment No. 1213 of the Brazos River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

Excavation for the new treatment structure is approximately 6-8 feet in depth on the south side of the site.

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

Existing land use is a facultative lagoon and settling ponds.

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:

Existing building was constructed in 1990

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

Existing wastewater facultative lagoon and settling ponds were constructed in 1990.

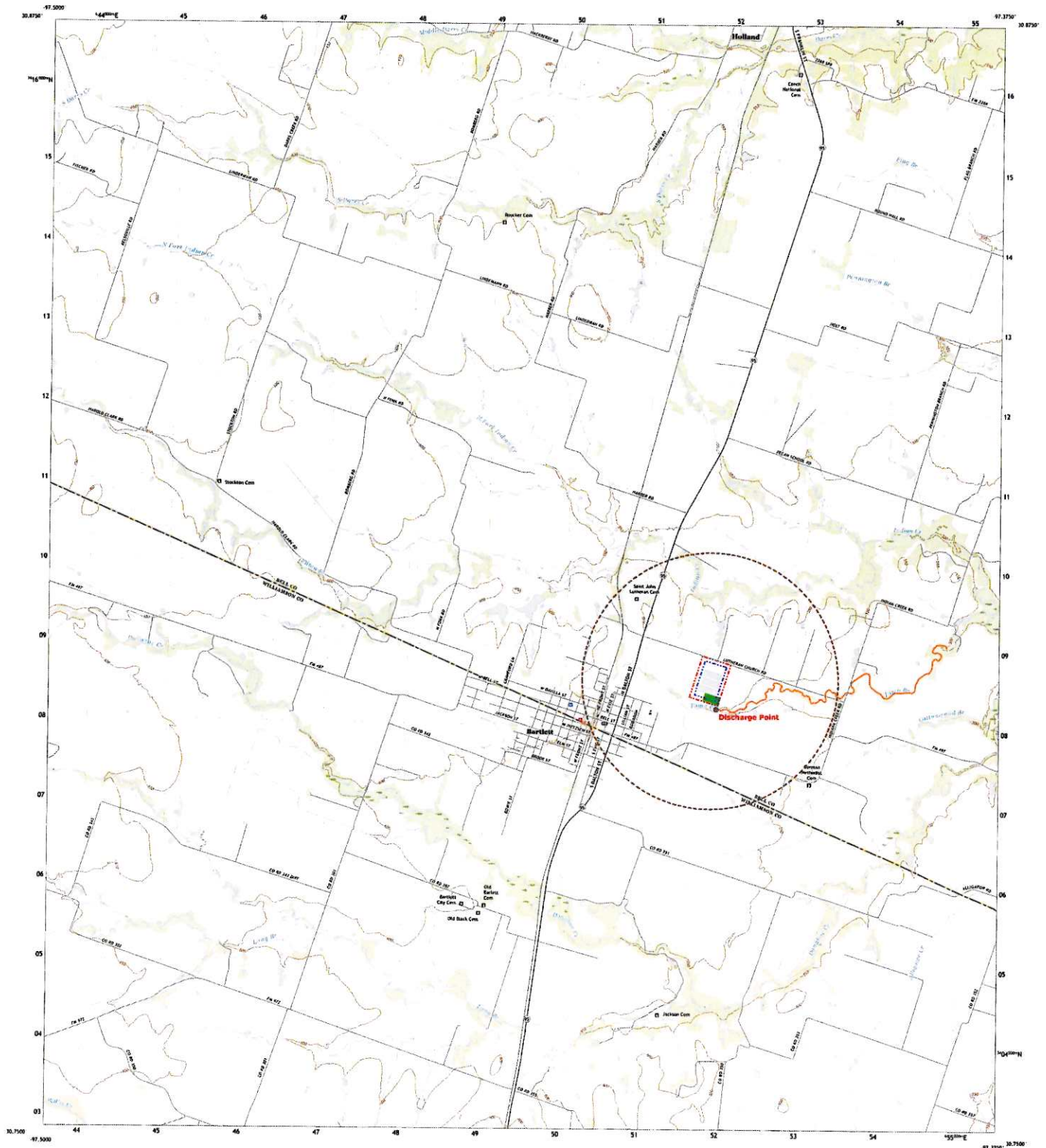




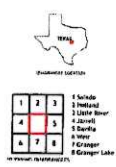
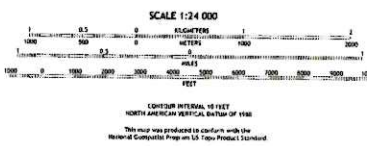
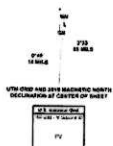
U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



BARTLETT QUADRANGLE  
TEXAS  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
Vertical Datum: Mean Sea Level (MSL)  
Horizontal Datum: NAD83  
Projection: UTM  
Scale: 1:24,000  
Contour Interval: 10 Feet  
This map is not a legal document. Boundaries may be generalized for this map scale. Private land within government reservation may not be shown. Official boundaries follow relevant private lands.



**ROAD CLASSIFICATION**

Expressway	Local Connector
Major Road	Local Road
Minor Road	Unimproved
Interstate Route	State Route

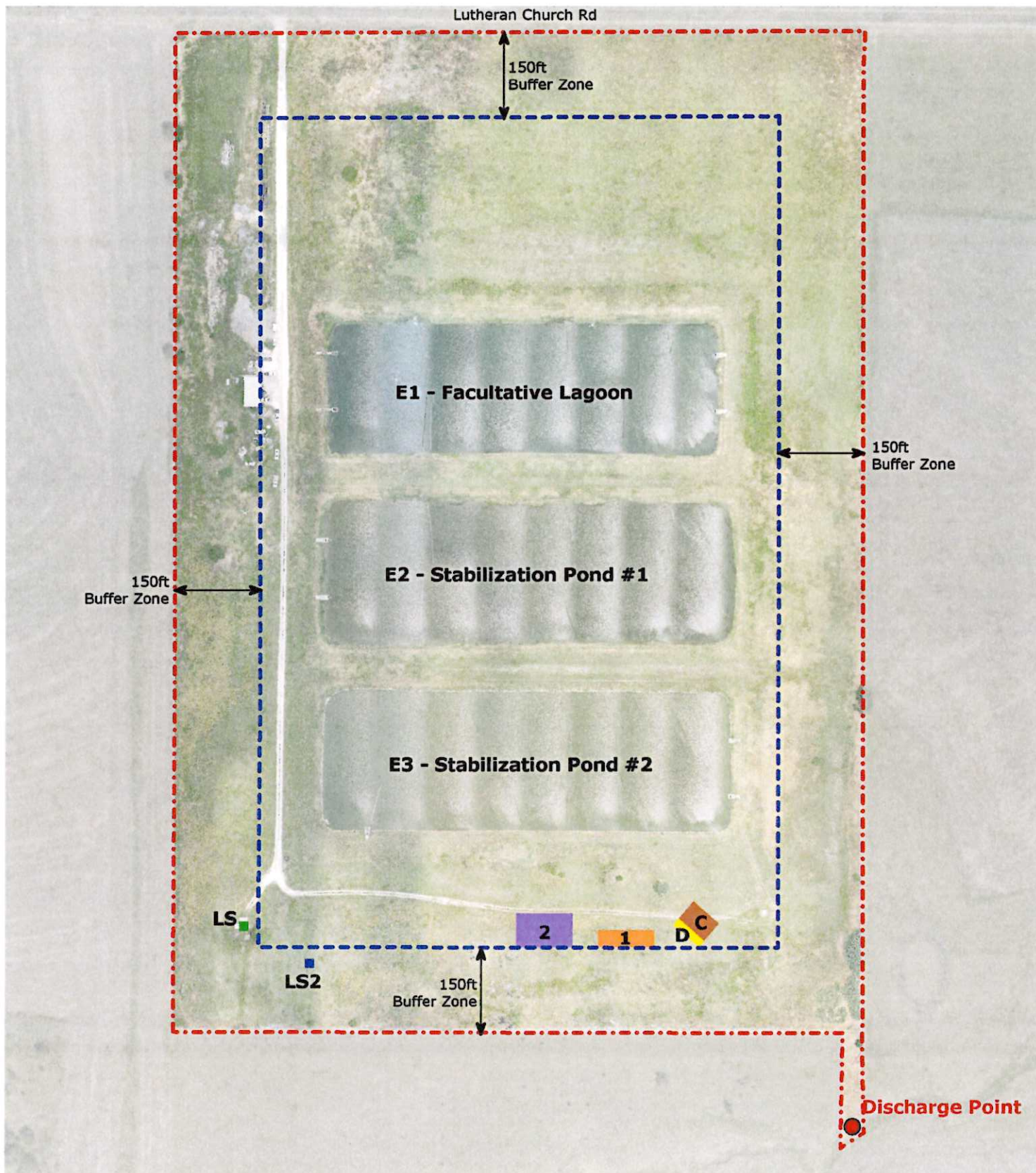
**Other Symbols:**

- New Construction
- 1 Mile Radius
- 3 Mile Downstream
- Property Boundary
- Discharge Point

BARTLETT, TX







**City of Bartlett, Texas**  
**2024 Wastewater Treatment Plant Permit**  
**Site Plan**



**Legend**

- C - Composting Operation
- D - Sludge Dewatering Bin
- LS - Existing Lift Station
- LS2 - New Lift Station Package Plant
- 1 - Package WWTP
- 2 - 0.4 MGD Activated Sludge WWTP
- - - Applicants Property Boundary
- - - Treatment Facility Boundary

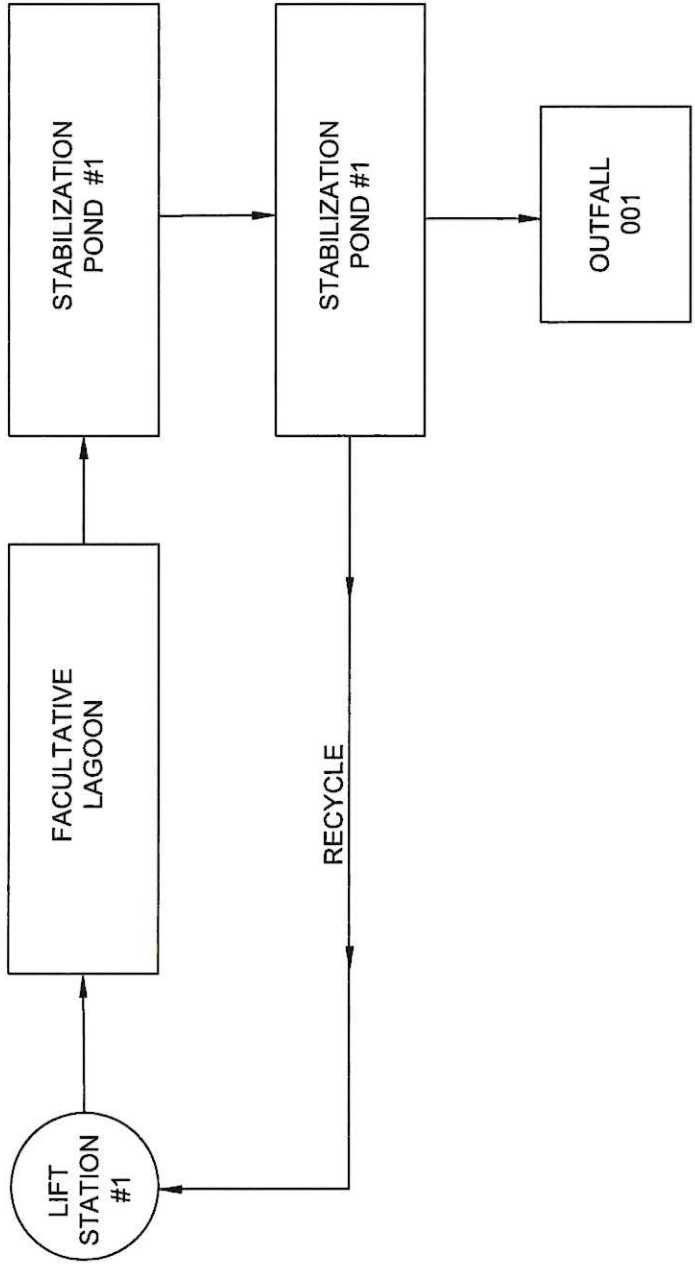
# **ATTACHMENT I**

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## **PROCESS FLOW DIAGRAMS**



0.325 MGD WWTP

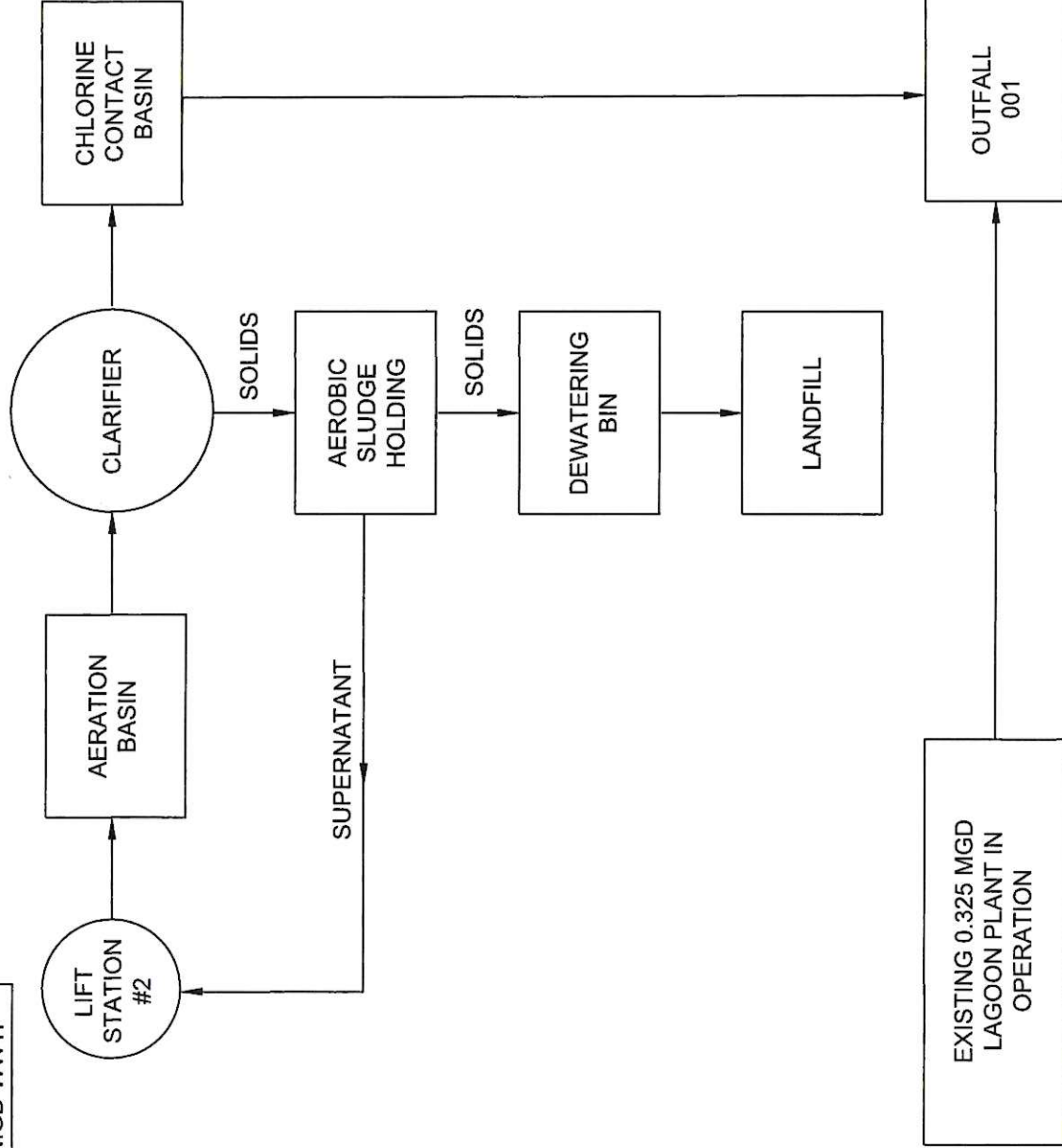


**MRB** | group

**MRB Group, P.C.**  
5250 S 31st Street, Temple, Texas 76782 Phone: (512) 771-2054  
8834 N Capital of Texas Highway, Suite 147, Austin, Texas 78759 Phone: (512) 436-8571  
TDD: (512) 436-8571  
www.mrbgroup.com

CITY OF BARTLETT, TEXAS WASTEWATER TREATMENT PLANT		EXISTING	
EXISTING PLANT FLOW DIAGRAM		Drawing No.	
		Project No.	0213.20000
		Drawn By: MMB	Scale: NTS
		Checked By: N/A	Date: 08-08-2024

0.165 MGD WWTP



MRB Group, P.C.  
3250 S 31st Street, Temple, Texas 76780 Phone: (254) 771-9054  
8834 N. Capital of Texas Highway, Suite 147, Austin, Texas 78759 Phone: (512) 436-8571  
TBE Firm Number: F-10615  
www.mrbgroup.com

CITY OF BARTLETT, TEXAS  
WASTEWATER TREATMENT PLANT

PACKAGE PLANT FLOW DIAGRAM

INTERMEDIATE

Drawing No.

Project No. 0213.20000

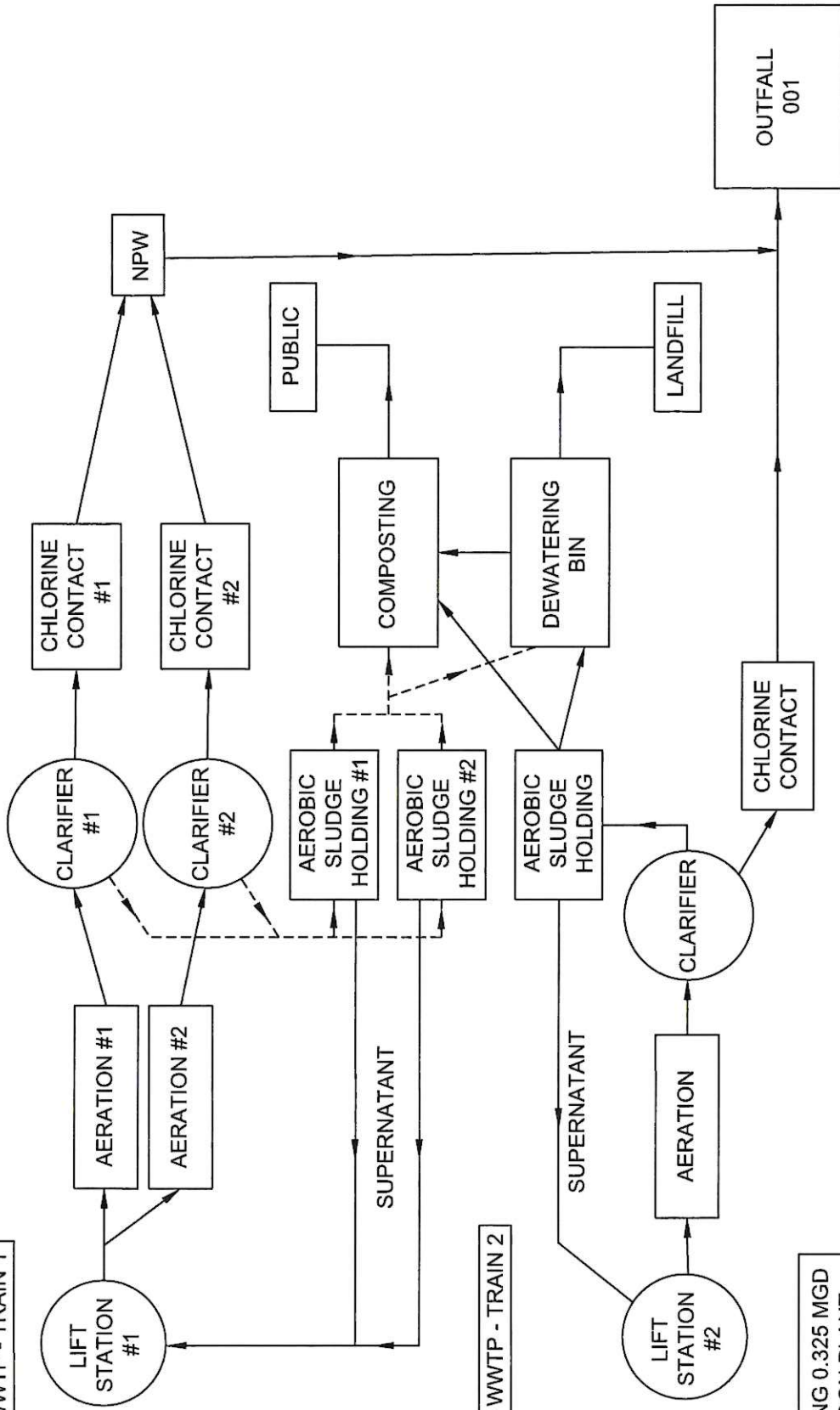
Drawn By: MMB Scale: NTS

Checked By: N/A Date: 07-17-2024

0.4 MGD WWTP - TRAIN 1

0.165 MGD WWTP - TRAIN 2

EXISTING 0.325 MGD  
LAGOON PLANT  
DECOMMISSIONED



**MRB | group**  
MRB Group, P.C.  
5350 S. 31st Street, Temple, Texas 76788 Phone: (817) 771-2054  
8834 N. Capital of Texas Highway, Suite 147, Austin, Texas 78759 Phone: (512) 436-8571  
TXBE Firm Number: E-10015  
www.mrbgroupinc.com

CITY OF BARTLETT, TEXAS WASTEWATER TREATMENT PLANT		FINAL	
Drawing No.		0213.20000	
Project No.		0213.20000	
Drawn By: MMB		Scale: NTS	
Checked By: N/A		Date: 07-17-2024	

FINAL PLANT FLOW DIAGRAM



# **ATTACHMENT J**

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## **DESIGN CALCULATIONS**

## City of Bartlett – Design Calculations

### Phase II: Lagoon Plant and Package Plant

Influent Quality Characteristics: The raw sewage characteristics used for design purposes are as follows:

<u>Parameter</u>	<u>Concentration</u>
BOD <sub>5</sub>	250 mg/L
TSS	250 mg/L

Influent Flow Characteristics: the hydraulic design of the facility must ensure that the facility will operate under the most extreme conditions anticipated. The facility process and hydraulic design for this facility is as follows:

<b>Flow</b>	<b>Gallons per Day</b>	<b>Gallons per Minute</b>
Average Daily Flow (Q <sub>ave</sub> )	490,000	340
Peak 2-Hour Flow (Q <sub>peak</sub> )	820,000*	1,139

\*3.5 peak factor on 0.165 MGD package plant plus 0.325 MGD.

<b>Loading</b>	<b>Pounds per Day</b>
BOD <sub>5</sub>	1,022
TSS	1,022

Process Design: The treatment facility will be designed to produce an effluent quality in compliance with the proposed permitted parameters of:

CBOD<sub>5</sub> = 10 mg/L

TSS = 15 mg/L

DO = >4 mg/L

CI2 Residual = 1 to 4 mg/L after 20 minutes detention time at peak flow.

In order to achieve the required removal efficiencies, the activated sludge process operated in the conventional mode has been chosen.

## Phase II - Treatment Unit – Package Plant (0.165 MGD)

Aeration Basin		
	TCEQ Requires	Actual Provided
Organic Loading Rate (lbs/day/1000 ft <sup>3</sup> )	35 (max.)	33*
Total Aeration Volume (ft <sup>3</sup> )	9,829	10,431*
Clarifier		
Surface loading rate (Q <sub>pk</sub> ) (gallons/day/ft <sup>2</sup> )	1,200 (max)	1,013*
Detention time (Q <sub>pk</sub> ) (hr)	1.5	2.5*
Surface area (ft <sup>2</sup> )	598	707*
Volume (ft <sup>3</sup> )	8,372	9,924*
Side Water Depth (ft)	10 (min.)	14*
Maximum weir loading (Q <sub>pk</sub> ) (gallons/day/ft)	10,194 (max.)	8,823*
Diameter (ft)	27.6	30*
Weir length (ft)	87	94*
Sludge Holding/Digester		
MCRT at 20 degrees C (days)	40 (min.)	40*
WAS solids production (ppd)	Not specified	327*
Digested sludge solids production (ppd)	Not specified	229*
Required solids in digester (lbs)	Not specified	9,162*
Digester Volume (ft <sup>3</sup> )	Not specified	9,788*
Chlorine Contact Chamber		
Detention Time (Q <sub>pk</sub> ) (minutes)	20	22*
Volume (Q <sub>pk</sub> ) (ft <sup>3</sup> )	1,330	1,470*
Aeration Basin		
Aeration requirements (SCF/day/lb BOD <sub>5</sub> )	2,532	2,892*
Oxygen required (lb O <sub>2</sub> /lb BOD <sub>5</sub> )	1.2	1.5*
Oxygen required (lb/day)	413	516*
Air Provided (SCFM)	605	691*
Sludge Holding/Digester		
Aeration requirements (SCFM/1,000 CF)	20	30*
Air Flow Rate (SCFM)	200	294*

\*Estimated. Actual calculations will be submitted with plant design.

1. Influent Lift Station #2. The influent lift station #2 will include two new submersible pumps sized to meet peak flow pumping capacity with the largest unit out of service. Level switches will start and stop the pumps based on influent flows and rising and falling wet well levels.
2. Influent Bar Screen. The manual bar screen will be installed as part of the package plant.

The lagoon plant will continue to operate at 0.325 MGD.



### Phase III: Package Plant and New 0.4 MGD WWTP

Influent Quality Characteristics: The raw sewage characteristics used for design purposes are as follows:

Parameter	Concentration
BOD <sub>5</sub>	250 mg/L
TSS	250 mg/L

Influent Flow Characteristics: the hydraulic design of the facility must ensure that the facility will operate under the most extreme conditions anticipated. The facility process and hydraulic design for this facility is as follows:

Flow	Gallons per Day	Gallons per Minute
Average Daily Flow (Q <sub>ave</sub> )	565,000	392
Peak 2-Hour Flow (Q <sub>peak</sub> )	1,695,000	1,177

Loading	Pounds per Day
BOD <sub>5</sub>	1,078
TSS	1,078

Process Design: The treatment facility will be designed to produce an effluent quality in compliance with the proposed permitted parameters of:

CBOD<sub>5</sub> = 10 mg/L

TSS = 15 mg/L

DO = >4 mg/L

Cl<sub>2</sub> Residual = 1 to 4 mg/L after 20 minutes detention time at peak flow.

In order to achieve the required removal efficiencies, the activated sludge process operated in the conventional mode has been chosen.

### Phase III - Package Plant (0.165 MGD) and New WWTP (0.4 MGD)

For the new 0.4 MGD Plant:

Aeration Basin		
	TCEQ Requires	Actual Provided
Organic Loading Rate (lbs/day/1000 ft <sup>3</sup> )	35 (max.)	27.6*
Total Aeration Volume (ft <sup>3</sup> )	23,829	30,235*
Clarifier		
Surface loading rate (Q <sub>pk</sub> ) (gallons/day/ft <sup>2</sup> )	1,200 (max)	1,061*
Detention time (Q <sub>pk</sub> ) (hr)	1.5	2.4*
Surface area (ft <sup>2</sup> )	1,414	1,414*
Volume (ft <sup>3</sup> )	19,848	19,848*
Side Water Depth (ft)	10 (min.)	14*
Maximum weir loading (Q <sub>pk</sub> ) (gallons/day/ft)	2,123 (max.)	2,123*
Diameter (ft)	30	30*
Weir length (ft)	188.4	188.4*
Sludge Holding/Digester		
MCRT at 20 degrees C (days)	40 (min.)	40*
WAS solids production (ppd)	Not specified	792*
Digested sludge solids production (ppd)	Not specified	555*
Required solids in digester (lbs)	Not specified	22,210*
Digester Volume (ft <sup>3</sup> )	Not specified	23,728*
Chlorine Contact Chamber		
Detention Time (Q <sub>pk</sub> ) (minutes)	20	21*
Volume (Q <sub>pk</sub> ) (ft <sup>3</sup> )	2,785	2,944*
Aeration Basin		
Aeration requirements (SCF/day/lb BOD <sub>5</sub> )	2,109	1,927
Oxygen required (lb O <sub>2</sub> /lb BOD <sub>5</sub> )	1.2	1.5
Oxygen required (lb/day)	1,001	1,251
Air Provided (SCFM)	1,466	1,674
Sludge Holding/Digester		
Aeration requirements (SCFM/1,000 CF)	20	30*
Air Flow Rate (SCFM)	475	712*

\*Estimated. Actual calculations will be submitted with plant design.

## Facility Design Features

Under the final phase, the 0.165 MGD package plant and the 0.40 MGD plant will operate. The lagoon plant will be decommissioned.

### A. Emergency Power Requirements

In accordance with 20 TAC §217.36, an on-site automatically starting generator capable of operating critical wastewater treatment systems is proposed to be included in the new plant design. The fuel tank will be sized for a run time greater than the longest power outage in the power records. The generator will provide sufficient power for the following units at both the 0.4 MGD plant and the package plant:

1. Influent Lift Station Pumps
2. Blowers for the aeration basin, sludge holding basin/digester and chlorine contact basin.
3. Clarifier
4. Lighting panels and control equipment
5. Effluent metering equipment
6. Return activated sludge pump

### B. Alarm Features

The facility will be equipped with a Supervisory Control and Data Acquisition (SCADA) system to monitor the operation of all critical treatment units. The control room will include a computer with a graphic display of the treatment units that will indicate the status of alarm conditions. The computer system will include an auto dialer to alert facility personnel to basic alarm conditions. The SCADA system will be equipped with additional alarms as budget allows.

### C. Design Features for Reliability and Operating Flexibility

1. Influent Lift Station #1. The influent lift station #1 will include three new submersible pumps sized to meet peak flow pumping capacity with the largest unit out of service. Level switches will start and stop the pumps based on influent flows and rising and falling wet well levels.
2. Influent Bar Screen. A mechanical bar screen or grinder with a bypass channel with a manual bar screen are proposed.



3. Aeration Basins. Two aeration basins are included in the proposed design of the 0.4 MGD plant. Piping and valves will be included to allow each unit to be individually isolated for draining, cleaning or repairs.
4. Sludge Holding/Digester. Two sludge holding basins are included in the proposed design of the 0.4 MGD plant. Piping and valves will be included to allow each unit to be individually isolated for draining, cleaning or repairs.

#### D. Overflow Prevention

1. The facility design includes a peaking factor of 3.0 to ensure adequate hydraulic capacity.
2. The proposed treatment structures will be sized to allow the 2-hour peak flow to pass through the facility without exceeding the minimum freeboard requirements.

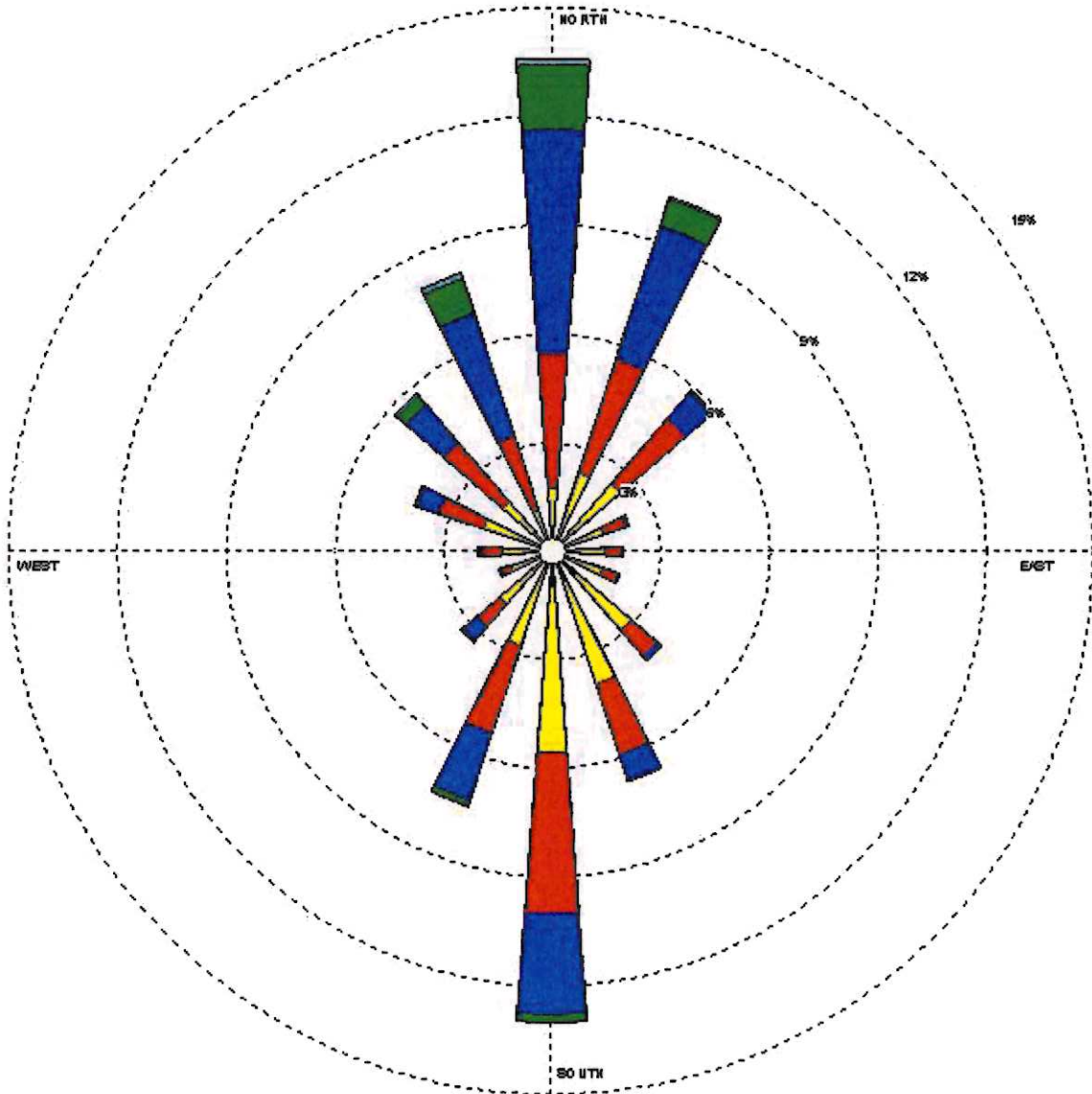
# **ATTACHMENT K**


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**WIND ROSE**

# WIND ROSE PLOT

Station #13958 - AUSTIN/MUNICIPAL ARPT, TX



<b>Wind Speed (m/s)</b>  	<b>MODELER</b> Sara West	<b>DATE</b> 8/29/2002	<b>COMPANY NAME</b> USDA-ARS
	<b>DISPLAY</b> Wind Speed	<b>UNIT</b> m/s	<b>COMMENTS</b>
	<b>AVG. WIND SPEED</b> 4.47 m/s	<b>CALM WINDS</b> 8.07%	
	<b>ORIENTATION</b> Direction (blowing from)	<b>PLOT YEAR-DATE-TIME</b> 1961 Dec 1 - Dec 31 Midnight - 11 PM	



# **ATTACHMENT L**

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**SEWAGE SLUDGE TECHNICAL REPORT  
TCEQ FORM 10056**



# DOMESTIC WASTEWATER PERMIT APPLICATION: SEWAGE SLUDGE TECHNICAL REPORT 1.0

## GENERAL INFORMATION

If you have questions about completing this form please contact the Applications Review and Processing Team at 512-239-4671.

### SECTION 1. TREATMENT PROCESSING INFORMATION

A. Attach the engineering report and/or plans and specifications for the proposed facility which must include the following:

- Description of the type of process facility
- Process flow diagram
- Design calculations, features, and functional arrangements
- Site controls
- Groundwater protection
- Odor, dust, and bio-aerosol management
- Ultimate product

Attachment Number: L1

B. Is the facility located or proposed to be located above the 100-year frequency flood plain? Yes ☒ No ☐

If No, provide a separate site map indicating the location of the sludge units within the 100-year frequency flood plain and a detailed description of the type and size of protective measures.

--

### SECTION 2. SOURCES OF SLUDGE

A. Provide the sources of generation, any water quality or public water supply permit number issued by TCEQ, and the quantity for each source.

Facility Name	Permit Number	Annual Quantity
City of Bartlett WWTP	TBD	TBD

Facility Name	Permit Number	Annual Quantity

B. For each source of sludge, complete Table 1 located at the end of this form.

### SECTION 3. PATHOGEN AND VECTOR ATTRACTION REDUCTION

A. For each source of sludge, complete Tables 2 and 3 located at the end of this form.

B. Indicate by a checkmark that all of the following are being followed for Class B land application.

- ☐ Food crop harvesting restrictions
- ☐ Animal grazing restrictions
- ☐ Public access restrictions

### SECTION 4. WELL INFORMATION

In the table below, provide information about each well located on-site and within 500 feet of the processing, application, and/or disposal area. Water well information is available from the Texas Water Development Board, 512-936-0837. Oil and gas well information is available from the Texas Railroad Commission, 512-463-6851.

Well Type (Water Well, Oil Well, Injection Well)	Producing or Non-Producing	Open, Cased, or Capped*	Protective Measures**
None.			

\* Casing, capping, and plugging rules are located in 16 TAC Chapter 76.

\*\* The following protective measures are required prior to initial sludge/septage application:

- If the well is producing and cased, no action is needed.
- If the well is producing and not cased, the well must be cased or describe other protective measures.
- If the well is non-producing and cased, the well must be plugged or capped.
- If the well is non-producing and not cased, the well must be plugged.



## SECTION 5. ADDITIONAL TECHNICAL REPORTS

Identify which additional technical reports are submitted with this application.

- ☐ Technical Report 2.0, Sewage Sludge Composting
- ☐ Technical Report 3.0, Marketing and Distribution
- ☐ Technical Report 4.0, Sewage Sludge Surface Disposal

## Proposed Composting Facility

The City of Bartlett will be designing a composting facility for its sewage sludge. Design of the new wastewater treatment plant and composting facility has just begun. Detailed design plans and specifications will be submitted to TCEQ when complete.

# **ATTACHMENT M**

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## **SEWAGE SLUDGE SOLIDS MANAGEMENT PLAN**



## Sludge Management Plan

Influent Design Flow = 0.40 mgd

Influent BOD Concentration = 250 mg/L

Aerobic Digester Volume: 130,160 gallons

Aeration Basin MLSS: 2,000 to 3,000 mg/L

***Table EX5(1) - Sludge Production***

<b>Solids Generated</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Pounds Influent BOD <sub>5</sub>	834	625	417	209
Pounds of digested dry sludge produced*	292	219	146	73
Pounds of wet sludge produced	14,595	10,946	7,298	3,649
Gallons of wet sludge produced	1,750	1,313	875	438

**\*Assuming 0.35 pounds of digested dry sludge produced per pound of influent BOD<sub>5</sub> at average temperatures and 2.0% solids concentration in the digester.**

Sludge will be wasted from the RAS flow stream to the aerobic digester. Sludge solids will be stabilized in the digester; supernatant will be decanted from the digester and returned to the facility headworks for treatment.

***Table EX5(2) - Sludge Removal Schedule***

<b>Removal Schedule (days)</b>	<b>100% flow</b>	<b>75% flow</b>	<b>50% flow</b>	<b>25% flow</b>
Days between Sludge Removal	15	20	30	60

Liquid digested sludge will be removed from the digester for disposal on a regular basis as required. The digested sludge will be either composted or transported by registered hauler, to a nearby landfill. The City of Bartlett does not currently dispose of sludge and will need to establish a relationship with a landfill that accepts sludge.

# **ATTACHMENT N**

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## **ANALYTICAL REPORTS**

## Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

### CERTIFICATION:

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

Printed Name: Serissa Beck, EML

Title: General Manager

Signature: 

Date: 1/25/24



**ENVIRONMENTAL  
MONITORING  
LABORATORY, L.L.C**

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

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

**ANALYTICAL REPORT 24041878**

For:

City of Bartlett  
P.O. Box H  
Bartlett, Texas 76511

Sample Site: Renewal Analysis

Collected Date: 04/18/24



Certificate Number: T104704247-23-25  
Lab Number: TX01547

Authorized for release by:  
25-APR-24

Lisa Soward, Data Manager

[homeoffice@yourwaterlab.com](mailto:homeoffice@yourwaterlab.com)

The test results in this report meet all 2009 NELAP and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

Results relate only to the items tested and the sample(s) as received by the laboratory





# ENVIRONMENTAL MONITORING LABORATORY, L.L.C.

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

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

## ANALYTICAL RESULTS

Analytical Report: 24041878

Lab ID: 24041878-001 Collected Date: 04/18/24 08:29 Matrix: Waste Water  
Client: City of Bartlett Received Date: 04/18/24 15:58 Temp at Receipt: 3.6 °C  
Sample Site: Renewal Analysis Report Date: 04/25/24 Sample Collector: EJJ

Analyte	Abbreviation	Method	TNI Cert	Date Analyzed	Result	Units
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	NP	04/22/24 09:33	11.1	mg/L
Carbonaceous BOD	CBOD	SM 5210/B	NP	04/19/24 08:58	13	mg/L
Total Suspended Solids	TSS	SM 2540/D	NP/P	04/19/24 11:03	14	mg/L
pH	SM4500-H	SM4500/H	N	04/18/24 08:29	8.1	SU
Nitrate as N	E300.0	E 300.0	NP/P	04/18/24 14:25	<0.400	mg/L
Dissolved Oxygen	DO	SM 4500-O	N	04/18/24 08:29	8.0	mg/L
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	NP	04/22/24 11:33	2.25	mg/L
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	NP	04/23/24 12:51	11.5	mg/L
Total dissolved solids	SM2540C	SM 2540/C	N	04/22/24 15:27	1175	mg/L
Sulfate	E300.0	E 300.0	NP/P	04/18/24 14:36	181	mg/L
Chloride	Cl-	SM 4500-Cl-/B	NP	04/25/24 12:51	305	mg/L
Chlorine	SM4500-CL	SM4500-CL	NP	04/18/24 08:29	0.0	mg/L
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	NP	04/22/24 11:52	<7.00	mg/L
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	NP	04/18/24 15:04	412	mg/L
Conductivity @ 25C	Cond	SM 2510/B	NP	04/18/24 14:49	2200	umhos/cm
E. coli	E. coli	IDEXX Colilert	NP	04/18/24 14:54	3	MPN/100 mL
Temperature	(water, on site)	(water, on site)	N	04/18/24 08:29	23	°C

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

# QUALITY ASSURANCE & QUALITY CONTROL

Control #: 24041878

ANALYTE	ABBR./ ALT.NAME	STANDARD METHOD	UNITS	Quality Control					Q
				S.D.	CV%	REC.1%	REC.2%	MDL/PQL	
Nitrate as N	E300.0	E 300.0	mg/L					0.400 / 0.400	
Sulfate	E300.0	E 300.0	mg/L					1.00 / 1.80	
Alkalinity, Total (CaCO3)	ALK	SM 2320/B	mg/L					1.50 / 5.00	
Chloride	Cl-	SM 4500-Cl-/B	mg/L	1.41	0.28	102	102	1.00 / 3.00	
Ammonia Nitrogen	NH3N	SM 4500-NH3/D	mg/L	0.02	1.46	106.0	103.0	0.0300 / 0.100	
Nitrogen, Total Kjeldahl	TKN	SM 4500-NH3/D	mg/L	0.42	2.48	103.3	109.2	0.0200 / 0.120	
Total Phosphorus (as P)	T.PHOS.	SM 4500-P/E	mg/L	0.06	1.03	99.3	101.1	.02 / .05	
n-Hexane Extractable Material (HEM)	O&G	SM 5520/B	mg/L	0.07	0.07	113.0	113.1	7.00 / 7.00	
Chemical Oxygen Demand	COD	SM 5220/D	mg/L						
Turbidity	TURB.	SM 2130/B	NTUs						
Total Percent Solids	%d.w	SM 2540/G	%						N

<b>Biochemical Oxygen Demand(BOD)</b> <b>Carbonaceous Biochemical Oxygen Demand(CBOD)</b> Method: SM 5210/B			<b>Dissolved Oxygen</b> Method: SM 4500-O*/G			<b>Total Suspended Solids (TSS, MLSS)</b> Method: 2540/D		
<b>Results</b>	<b>Units</b>	<b>Description</b>	<b>Results</b>	<b>Units</b>	<b>Description</b>	<b>Results</b>	<b>Units</b>	<b>Description</b>
0.18	mg/L	Blank 1 - CBOD	9.07	mg/L	Set Up Calibration	0.1	mg/L	Blank 1
0.16	mg/L	Blank 2 - CBOD	9.07	mg/L	Read Off Calibration	0.3	mg/L	Blank 2
0.14	mg/L	Blank 3 - CBOD				0.1	mg/L	Blank 3
			20	°C	Set Up Temperature	0	mg/L	Blank 4
			20	°C	Read Off Temperature			
204	mg/L	G/GA Std 1 - CBOD	762	mm Hg	Set Up Barometer	3.44	%	Relative % Difference
203	mg/L	G/GA Std 2 - CBOD	762	mm Hg	Read Off Barometer	4.83	%	Relative % Difference
203	mg/L	G/GA Std 3 - CBOD				0.45	%	Relative % Difference
203	mg/L	G/GA Average - CBOD				3.69	%	Relative % Difference
						4.72	%	Relative % Difference
						0.42	%	Relative % Difference
0.69	mg/L	Seed Corr/mL - CBOD				4.53	%	Relative % Difference
0.68	mg/L	Seed Corr/mL - CBOD				0.56	%	Relative % Difference
0.67	mg/L	Seed Corr/mL - CBOD						
0.68	mg/L	Seed Corr Average - CBOD						
			<b>Fecal Coliform</b> Method: SM9222 /D MF					
			<b>Results</b>	<b>Units</b>	<b>Description</b>			
				CFU/100ml	Pre Blank			
				CFU/100ml	Post Blank			
			<b>TDS by SM2540/C</b>					
			<b>Results</b>	<b>Units</b>	<b>Description</b>			
			0	mg/L	Blank			
			<b>E. coli By IDEXX Collert (enumeration)</b>					
			MPN/100 mL					
						<b>Conductivity @ 25° C</b> Method: SM2510/B Standards ran for each analytical batch.		
			<b>Results</b>	<b>Units</b>	<b>Description</b>			
				umhos/cm	Conductivity Standard			
				umhos/cm	Conductivity Standard			
				umhos/cm	Conductivity Standard			

Report Out Date: 04/25/2024

*Lisa Soward*

Lisa Soward  
Data Manager



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

# Purchase Order / Chain of Custody

EPA Lab ID: TX01547

East Texas Division

14285 S.H. 155 North Wiltona, Texas 75792

Office: 503-877-9272, Emergency: 817-357-5535

Southwest Division

811 E. Young Street Llano, Texas 78643

Office: 325-247-3295, Emergency: 830-230-3117

Parhandle Division

13260 South US Hwy 287 Amarillo, Texas 79118

Report To: City of Bartlett		Report To: (Buyer)		City, State:		Quote #:	
Company: City of Bartlett		Purchase Order #:					
City of Bartlett		Address:					
P.O. Box H							
Bartlett, Tx 76511							
Phone:		Fax:		Phone:		Fax:	
Project Name:		WWTP		City, State:		Quote #:	
Date Due:		Rush: 0% 25% 50% 100%		Sampler: (Please Print)		Date:	
Lab#	Client Sample ID	Matrix	Date	Time	Pres. Code	1 Bottle Code	Sample Remarks
24041878	1. Renewal Analysis	WW	04/18/24	08:29	1	1	
2.					2	1	
3.					6	1	
4.					1	1	
5.					2	2	
6.					1	1	
7.							
8.							
9.							
10.							

Analyses Requested		Sample Remarks	
CBOD / BOD			
TSS, TDS			
pH 8.05			
DO 8.02			
NH3N (pH < 2.0, H2SO4) SM4500-NH3 D or G			
unless specified TKN, TOT PHOS			
FECAL COLIFORM / E.COLI (Sterile)			
MLSS			
ALKALINITY, CHLORIDE, CONDUCT			
OIL & GREASE			
NITRATE, SULFATE			

Relinquished By:	Date	Time	Received By:	Date	Time
1. [Signature]	04/18/24	1358	1. [Signature]	4/18/24	1558
2.			2.		
3.			3.		
4.			4.		

COOLER ID:	LOC:	TEMPERATURE:
30	YES	NO

1 Bottle Codes:
1. None
2. Saline
3. 0.9% NaCl
4. NaOH + 2% Zn
5. NaOH
6. Sterile + Thiomide

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

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

Email us at: [homeoffice@yourwaterlab.com](mailto:homeoffice@yourwaterlab.com)

Revised 11/2023