

This file contains the following documents:

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



Este archivo contiene los siguientes documentos:

- 1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
 - Inglés
 - Idioma alternativo (español)
- 2. Primer aviso (NORI, por sus siglas en inglés)
 - Inglés
 - Idioma alternativo (español)
- 3. Solicitud original



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) 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 of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your 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 you 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. After filling in the information for your facility delete these instructions.

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.

The City of La Coste (CN 600655179) operates City of La Coste Wastewater Treatment Facility (RN 101916617), a Wastewater Treatment Facility. The facility is located at 11331 County Rd 584, in La Coste, Medina County, Texas 78039. This renewal is to discharge treated domestic wastewater into an unnamed tributary that eventually flows into Polecat Creek.

Discharges from the facility are expected to contain Daily Average: BOD5 10 mg/l, TSS 11.8 mg/l, pH>5. Sanitary Sewer is treated by a wastewater treatment plan. Sanitary sewer enters the treatment plan through a lift station and is processed through an aeration basin, then through a secondary clarifier, then go through the chlorine contact chamber, then through an abandoned clarifier used for effluent conveyance through original plant piping, then to the discharge point.

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

AGUAS RESIDUALES DOMÉSTICAS /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.

La ciudad de La Coste (CN 600655179) opera Instalación de tratamiento de aguas residuales de la ciudad de La Coste (RN 101916617), una Instalación de tratamiento de aguas residuales. La instalación está ubicada en el 11331 County Rd 584, en La Coste, Condado de Medina, Texas 78039. Esta renovación tiene como objetivo descargar aguas residuales domésticas tratadas en un afluente sin nombre que eventualmente desemboca en Polecat Creek.

Se espera que las descargas de la instalación contengan un promedio diario: BOD5 10 mg/l, TSS 11.8 mg/l, pH>5. El drenaje sanitario. está tratado por un plan de tratamiento de aguas residuales. El alcantarillado sanitario ingresa a la planta de tratamiento a través de una estación de bombeo y es procesado a través de un estanque de aireación, luego a través de un clarificador secundario, luego pasa por la cámara de contacto de cloro, luego a través de un clarificador abandonado utilizado para el transporte de efluentes a través de las tuberías originales de la planta, luego al punto de descarga.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010889001

APPLICATION. City of La Coste, P.O. Box 112, La Coste, Texas 78039, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010889001 (EPA I.D. No. TX0107743) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 200,000 gallons per day. The domestic wastewater treatment facility is located at 11331 County Road 584, in the city of La Coste, in Medina County, Texas 78039. The discharge route is from the plant site to an unnamed tributary; thence to Polcat Creek; thence to Medina River Below Medina Diversion Dam. TCEQ received this application on February 5, 2025. The permit application will be available for viewing and copying at Medina County Courthouse, 1100 16th Street, Hondo, in Medina County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-98.805537,29.308476&level=18

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. El aviso de idioma alternativo en español está disponible en https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications.

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 countywide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public

interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

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

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

Further information may also be obtained from City of La Coste at the address stated above or by calling Mr. Jeremy Johonnett, Mayor, at 830-985-9494.

Issuance Date: February 27, 2025

Comisión de Calidad Ambiental del Estado de Texas



AVISO DE RECIBO DE LA SOLICITUD E INTENCION DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA RENOVACION

PERMISO NO. WQ0010889001

SOLICITUD. La ciudad de La Coste, P.O. Box 112, Lacoste, TX 78039 ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para renovar el Permiso No. WQ0010889001 (N.º de identificación de la EPA TX0107743) autorizar la descarga de aguas residuales tratadas a un volumen que no exceda un flujo promedio diario de 200,000 galones por día. La planta de tratamiento de aguas residuales domésticas está ubicada en 11331 County Road 584, en la ciudad de La Coste, en el condado de Medina, Texas 78039. La ruta de descarga es desde el sitio de la planta hasta un afluente sin nombre; de allí a Polcat Creek; de allí al río Medina por debajo de la presa de desvío de Medina. TCEQ recibió esta solicitud el 5 de febrero de 2025. La solicitud de permiso estará disponible para ver y copiar en el Palacio de Justicia del Condado de Medina, 1100 16th Street, Hondo, en el Condado de Medina, Texas antes de la fecha en que se publique este aviso en el periódico. La solicitud, incluidas las actualizaciones, y los avisos asociados están disponibles electrónicamente en la siguiente página web:

https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications. Este enlace a un mapa electrónico de la ubicación general del sitio o instalación se proporciona como una cortesía pública y no forma parte de la solicitud o aviso. Para conocer la ubicación exacta, consulte la aplicación.

https://gisweb.tceq.texas.gov/LocationMapper/?marker=-98.805537,29.308476&level=18.

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO.

Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso. Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios. Si ciertos criterios se cumplen, la TCEQ puede actuar sobre una solicitud para renovar un permiso sin proveer una oportunidad de una audiencia administrativa de lo contencioso.

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Ademas, puede pedir que la TCEQ ponga su nombre en una or mas de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos de el solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agrega su nombre en una de las listas

designe cual lista(s) y envia por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía http://www14.tceq.texas.gov/epic/eComment/ o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en Español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del La ciudad de La Coste a la dirección indicada arriba o llamando a Darrell Rawlings al (830) 985-9494.

Fecha de emisión 27 de febrero de 2025

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of La Coste, Texas

PERMIT NUMBER (If new, leave blank): WQ00 010889001

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

	Y	IN		Y	IN
Administrative Report 1.0			Original USGS Map		
Administrative Report 1.1		\boxtimes	Affected Landowners Map		\boxtimes
SPIF			Landowner Disk or Labels		\boxtimes
Core Data Form			Buffer Zone Map		\boxtimes
Public Involvement Plan Form			Flow Diagram	\boxtimes	
Technical Report 1.0			Site Drawing	\boxtimes	
Technical Report 1.1		\boxtimes	Original Photographs		\boxtimes
Worksheet 2.0			Design Calculations		\boxtimes
Worksheet 2.1			Solids Management Plan		\boxtimes
Worksheet 3.0		\boxtimes	Water Balance		\boxtimes
Worksheet 3.1		\boxtimes			
Worksheet 3.2		\boxtimes			
Worksheet 3.3		\boxtimes			
Worksheet 4.0		\boxtimes			
Worksheet 5.0		\boxtimes			
Worksheet 6.0					
Worksheet 7.0		\boxtimes			

For TCEQ Use Only	
Segment NumberExpiration Date	County Region
Permit Number	

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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 □

Mailed Check/Money Order Number: 23319

Check/Money Order Amount: \$815.00

Name Printed on Check: City of La Coste Utility Dept.

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.
 - □ Inactive

c.	Che	eck the box next to the appropriate permit type	e.	
	\boxtimes	TPDES Permit		
		TLAP		
		TPDES Permit with TLAP component		
		Subsurface Area Drip Dispersal System (SAD	DS)	
d.	Che	eck the box next to the appropriate application New	typ	e
				Min or Amondment with Denoval
		Major Amendment <i>with</i> Renewal		Minor Amendment <u>with</u> Renewal
		Major Amendment <u>without</u> Renewal		Minor Amendment <u>without</u> Renewal
		Renewal without changes		Minor Modification of permit
e.	For	amendments or modifications, describe the p	ropo	osed changes: Click to enter text.
f.	For	existing permits:		
	Per	mit Number: WQ00 <u>010889001</u>		
	EPA	A I.D. (TPDES only): TX <u>0107743</u>		
	Exp	iration Date: <u>May 13, 2025</u>		
C o	ott	on 2 Facility Ouman (Applicant) a	nd	Co Applicant Information
36	CH	on 3. Facility Owner (Applicant) a (Instructions Page 26)	IIu	CO-Applicant information
Δ	The	e owner of the facility must apply for the per	mit	
<i>1</i> 1.		at is the Legal Name of the entity (applicant) a		
		of La Coste, Texas	PP ¹)	ing for this permit.
	(Th	e legal name must be spelled exactly as filed wi legal documents forming the entity.)	ith tl	he Texas Secretary of State, County, or in
		ne applicant is currently a customer with the T n may search for your CN on the TCEQ website		
		CN: <u>600655179</u>		
		at is the name and title of the person signing t cutive official meeting signatory requirements		

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

Last Name, First Name: Johonnett, Jeremy

Credential: Click to enter text.

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

N/A

Prefix: Mr.

Title: Mayor

(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. <u>See Attached</u>

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: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

Check one or both:

☐ Administrative Contact
☐ Technical Contact

B. Prefix: Mr. Last Name, First Name: <u>Barfell, Gregory</u>

Title: <u>Engineer</u> Credential: <u>E.I.T.</u>

Organization Name: Cope Engineering, Inc.

Mailing Address: 8611 Botts Lane City, State, Zip Code: San Antonio, TX 78217

Phone No.: <u>210-828-7070</u> E-mail Address: <u>greg@copeengineeringtx.com</u>

Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Johonnett, Jeremy

Title: <u>Mayor</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: mail@cityoflacoste-tx.org

B. Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

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

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

Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: City Manager Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

B.		thod fo ckage	r Receiving	Noti	ce of Receipt and Intent to Obtain a Water Quality Permit
	Inc	licate by	a check ma	ırk th	e preferred method for receiving the first notice and instructions:
		E-mail	Address		
		Fax			
		Regul	ar Mail		
C.	Co	ntact pe	ermit to be l	isted	in the Notices
	Pre	efix: <u>Mr.</u>	-		Last Name, First Name: <u>Johonnett, Jeremy</u>
	Tit	le: <u>Mayo</u>	<u>or</u>		Credential: Click to enter text.
	Org	ganizati	on Name: <u>Ci</u>	ty of l	La Coste, Texas
	Ma	iling Ad	ldress: <u>P.O. I</u>	30x 11	2 City, State, Zip Code: <u>La Coste, Texas 78039</u>
	Pho	one No.:	830-985-94	94	E-mail Address: mail@cityoflacoste-tx.org
D.	Pu	blic Vie	wing Inforn	natio	1
			ity or outfall st be provide		rated in more than one county, a public viewing place for each
	Pul	blic buil	ding name:	Mediı	na County Courthouse
	Loc	cation w	ithin the bu	ildin	g: <u>Room 109</u>
	Phy	ysical A	ddress of Bu	iildin	g: <u>1100 16th Street</u>
	Cit	y: <u>Hond</u>	<u>o</u>		County: <u>Medina</u>
					ame): <u>Gina Champion, County Clerk</u>
					:: Click to enter text.
Е.		•	Notice Requ		
					d for new, major amendment, minor amendment or minor applications.
	be	needed		nstru	ion is only used to determine if alternative language notices will ctions on publishing the alternative language notices will be in
	ob				coordinator at the nearest elementary and middle schools and ation to determine whether an alternative language notices are
	1.				program required by the Texas Education Code at the elementary to the facility or proposed facility?
		\boxtimes	Yes		No
		If no , p below.	ublication o	f an a	alternative language notice is not required; skip to Section 9
	2.				tend either the elementary school or the middle school enrolled in ogram at that school?
			Yes		No

	3.	Do the locatio		s at these	schools	attend a	a bilingua	l educa	tion prog	gram a	t another
			Yes	\boxtimes	No						
	4.						a bilingua TAC §89.			gram l	out the school has
			Yes	\boxtimes	No						
	5.			, -			or 4, publi the biling				tive language are
F.	Pla	in Lang	guage Su	mmary T	emplate						
	Co	mplete	the Plain	Languag	e Summa	ry (TCE	Q Form 2	0972) a	ınd inclu	de as a	nn attachment.
	At	tachme	nt: <u>See At</u>	tachment							
G.	Pu	blic Inv	olvemer	nt Plan Fo	orm						
	Co	mplete	the Publi	c Involve	ement Plai	n Form	(TCEQ Fo	rm 209	60) for e	ach ap	plication for a
	ne	w perm	it or maj	jor amen	dment to	a pern	nit and in	clude a	s an atta	chmen	t.
	At	tachme	nt: Click	to enter	text.						
•			-			1.5			. C		(T
Se	cti	on 9.	Regu Page		entity a	na Pe	rmitted	Site	Inform	ation	(Instructions
A.				tly regul	ated by T	CEQ, pr	ovide the	Regula	ted Entit	y Num	ber (RN) issued to
					Registry at ed by TCE		<u>/www15.t</u>	ceq.tex	as.gov/ci	<u>rpub/</u>	to determine if
B.	Na	me of p	roject or	site (the	name kn	own by	the comm	nunity	where lo	cated):	
	La	Coste W	<u>astewater</u>	Treatme	nt Plant						
C.	Ov	vner of	treatmen	t facility:	City of La	Coste					
	Ov	vnership	of Facil	ity: 🖂	Public		Private		Both		Federal
D.	Ov	vner of l	land whe	re treatn	nent facili	ty is or	will be:				
	Pre	efix: Clic	ck to ente	er text.	Las	t Name	, First Nar	ne: <u>Cit</u> y	of La Cos	ste, Tex	<u>as</u>
	Tit	le: Click	k to enter	text.	Cre	dential	Click to	enter te	ext.		
	Or	ganizati	ion Name	e: <u>City of I</u>	La Coste, T	<u>exas</u>					
	Ma	iling Ac	ldress: <u>P</u>	.O. Box 11	<u>2</u>	(City, State	e, Zip C	ode: <u>La C</u>	oste, Te	exas 78039
	Ph	one No.	: <u>830-985</u>	<u>-9494</u>	E-r	nail Ad	dress: <u>d.r</u>	awlings	@cityoflac	oste-tx	org.
					_		he facility nstruction		or co-ap	plican	t, attach a lease
		Attach	ment: <u>N</u> /	<u>'A</u>							

F.

	Prefix: <u>N/A</u>	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ente	er text.
	Mailing Address: Click to enter to	ext. 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 agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter te	ext.
F.	Owner sewage sludge disposal si property owned or controlled by	ite (if authorization is requested for sludge disposal on the applicant)::
	Prefix: <u>N/A</u>	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ente	er text.
	Mailing Address: Click to enter to	ext. 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 agreement or deed recorded ease	person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter te	xt.
Se		ge Information (Instructions Page 31)
	ection 10. TPDES Dischar	
	ection 10. TPDES Dischar	ge Information (Instructions Page 31)
	Is the wastewater treatment facil Yes No If no, or a new permit application	ge Information (Instructions Page 31)
	Is the wastewater treatment facil Yes No	ge Information (Instructions Page 31) lity location in the existing permit accurate?
	Is the wastewater treatment facil Yes No If no, or a new permit application	ge Information (Instructions Page 31) lity location in the existing permit accurate?
A.	Is the wastewater treatment facil Yes No If no, or a new permit application Click to enter text.	ge Information (Instructions Page 31) lity location in the existing permit accurate?
A.	Is the wastewater treatment facil Yes No If no, or a new permit application Click to enter text.	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: I the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the
A.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: I the discharge route(s) in the existing permit correct?
A.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: I the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the
A.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: I the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the
A.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30
A.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30. The Coste, Texas
A. B.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 of La Coste, Texas so are located: Medina discharge to a city, county, or state highway right-of-way, or
A. B.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 of La Coste, Texas solare located: Medina discharge to a city, county, or state highway right-of-way, or
A. B.	Is the wastewater treatment facil	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: If the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the arge route to the nearest classified segment as defined in 30 of La Coste, Texas so are located: Medina discharge to a city, county, or state highway right-of-way, or

N/A E. Owner of effluent disposal site:

N/A

	If yes , indicate by a check mark if:
	\square Authorization granted \square 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: $\underline{N/A}$
_	
Se	ection 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.
В.	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.
Е.	For TLAPs , please identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Click to enter text.
Se	ection 12. Miscellaneous Information (Instructions Page 32)
	Is the facility located on or does the treated effluent cross American Indian Land?
	□ Yes ⊠ No
В.	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.
Se	ection 13. Attachments (Instructions Page 33)
	ection 13. Attachments (Instructions Page 33) dicate which attachments are included with the Administrative Report. Check all that apply:
Inc	dicate 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
Ind	dicate 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.
Ind	dicate 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)

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010889001

Applicant: City of La Coste

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): <u>Jeremy Johonnett</u>
Signatory title: Mayor
Signature: Date: 1/13/15 (Use blue ink)
Subscribed and Sworn to before me by the said <u>Jeremy Johannett</u> , <u>Mayor</u> on this <u>23</u> day of <u>January</u> , 20 <u>25</u> . My commission expires on the <u>12</u> day of <u>Jure</u> , 20 <u>27</u> .
Notary Public Notary Public Notary ID 124588605 SEAL County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

A.

B.

C.

D.

E.

Section 1. Affected Landowner Information (Instructions Page 36)

Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
☐ The applicant's property boundaries
☐ The facility site boundaries within the applicant's property boundaries
☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
The property boundaries of all landowners surrounding the applicant's property (Note: it 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
☐ 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.
Indicate by a check mark in which format the landowners list is submitted: $ \square \text{USB Drive} \square \text{Four sets of labels} $
Provide the source of the landowners' names and mailing addresses: Click to enter text.
As required by <i>Texas Water Code § 5.115</i> , is any permanent school fund land affected by this application?
□ Yes □ No

	If y olano	es, provide the location and foreseeable impacts and effects this application has on the d(s):
	Cli	ck to enter text.
Se	ectio	on 2. Original Photographs (Instructions Page 38)
Pro	ovide	e original ground level photographs. Indicate with checkmarks that the following ation is provided.
		At least one original photograph of the new or expanded treatment unit location
		At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
		At least one photograph of the existing/proposed effluent disposal site
		A plot plan or map showing the location and direction of each photograph
Se	ctio	on 3. Buffer Zone Map (Instructions Page 38)
	Buft info	fer zone map. Provide a buffer zone map on 8.5×11 -inch paper with all of the following brmation. The applicant's property line and the buffer zone line may be distinguished by ag dashes or symbols and appropriate labels.
	•	 The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries.
В.		fer zone compliance method. Indicate how the buffer zone requirements will be met. ck all that apply.
	I	☐ Ownership
	I	☐ Restrictive easement
	I	□ Nuisance odor control
	I	□ Variance
C.		uitable site characteristics. Does the facility comply with the requirements regarding uitable site characteristic found in 30 TAC § 309.13(a) through (d)?
	ļ	□ 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: See Attached

ATTACHMENT 1

INDIVIDUAL INFORMATION

N/A 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) (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 Form (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or late			\boxtimes	Yes				
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for	r mai	iling ad	⊠ dress	Yes				
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)				Yes				
Current/Non-Expired, Executed Lease Agreement or Easement	\boxtimes	N/A		Yes				
Landowners Map (See instructions for landowner requirements)	\boxtimes	N/A		Yes				
 Things to Know: All the items shown on the map must be labeled. The applicant's complete property boundaries must be de- 	elinea	ited wh	ich iı	nclude				

- es 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 (See instructions for landowner requirements)	\boxtimes	N/A		Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)	\boxtimes	N/A		Yes
Original signature per 30 TAC § 305.44 - Blue Ink Preferred (If signature page is not signed by an elected official or principle exec a copy of signature authority/delegation letter must be attached)	utive	e office	r,	Yes
Plain Language Summary			\boxtimes	Yes

ADMINISTRATIVE REPORT 1.0 ITEM 3C

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

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

☐ New Perm	nit, Registra	ition or Authoriz	ation (<i>Core Da</i>	ta Form should	be submitted v	vith the prog	ram application.)					
Renewal (Core Data	Form should be :	submitted with	the renewal fo	rm)		ther					
2. Customer F	Reference	Number (if iss	ued)		his link to searc r RN numbers i	""	3. Regulated Entity Reference Number (if issued)					
CN 6 006551	79			Centr	ral Registry**	RN 1	RN 101916617					
SECTION	N II:	Custom	er Info	ormatio	<u>on</u>							
4. General Cu	stomer In	formation	5. Effe	ective Date for	r Customer In	nformation	Updates (mm/do	d/yyyy)				
☐ New Custon	ner		☐ Update to	Customer Infor	rmation	Char	ge in Regulated E	ntity Own	ership			
☐Change in Le	egal Name (Verifiable with t	the Texas Secre	etary of State or	Texas Comptro	oller of Public	Accounts)					
		ibmitted here oller of Public	-		ically based o	n what is c	urrent and activ	ve with th	ne Texas Seci	retary of State		
6. Customer L	egal Nam	ie (If an individu	al, print last no	ame first: eg: Do	oe, John)		If new Custome	r, enter pre	evious Custom	er below:		
City of La Coste	, Texas											
7. TX SOS/CP/	A Filing N	umber	8. TX	State Tax ID (1	L1 digits)		9. Federal Tax	ID		Number (if		
			17416	743445			(9 digits)		applicable)			
			17.120	, 10 1 10			(5 a.g.ts)	024962735				
11. Type of Cu	ustomer:	☐ Co	rporation			☐ Individ	lual	Partne	ership: 🔲 Gen	neral 🗌 Limited		
Government:	City 🔲 (County 🔲 Feder	al 🗌 Local 🗀	State 🗌 Othe	er	☐ Sole P	roprietorship	☐ Ot	her:			
12. Number o	of Employ	ees					13. Independe	ently Ow	ned and Ope	erated?		
□ 0-20 □ 2	21-100	101-250] 251-500	501 and high	er		Yes	⊠ No				
14. Customer	Role (Pro	posed or Actual)	– as it relates	to the Regulate	ed Entity listed o	on this form.	Please check one	of the follo	owing			
Owner □ Operator □ Owner & Operator □ Occupational Licensee □ Responsible Party □ VCP/BSA Applicant												
15. Mailing	P.O. Box 1	112										
Address:												
Auuress.	City	La Coste		State	e TX	ZIP	78039		ZIP + 4			

TCEQ-10400 (11/22) Page 1 of 3

16. Country Mailing Info	17. E-Mail Address (if applicable)									
				<u> </u>		1				
18. Telephone Number			19. Extension or	Code		20. Fax I	Number (if a	ipplicable)		
(830) 985-9494						(830)7	'62-9431			
SECTION III:	Regula	ated Ent	tity Inform	ation	ı					
21. General Regulated Er	ntity Informa	ation (If 'New Re	gulated Entity" is select	ed, a new pe	ermit applica	ation is also	required.)			
☐ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information										
The Regulated Entity Nat as Inc, LP, or LLC).	me submitte	d may be updo	ated, in order to mee	t TCEQ Cor	e Data Sta	ndards (re	moval of or	ganization	al endings such	
22. Regulated Entity Nan	ne (Enter nam	ne of the site whe	ere the regulated action	is taking pla	ce.)					
City of La Coste Wastewater	Treatment Pla	ant								
23. Street Address of	11331 Cour	nty Rd 584								
the Regulated Entity:										
(No PO Boxes)	City	La Coste	State	TX	ZIP	78039		ZIP + 4		
24. County	Medina					•				
		If no Stre	et Address is provid	ed, fields 2	5-28 are re	equired.				
25. Description to										
Physical Location:										
26. Nearest City						State		Nea	rest ZIP Code	
La Coste						TX				
Latitude/Longitude are r used to supply coordinat	•	•	•		ata Stando	ards. (Geo	coding of th	e Physical	Address may be	
27. Latitude (N) In Decim	ıal:	29.30916667		28. Lo	ongitude (\	N) In Decir	mal:	98.80416	667	
Degrees	Minutes		Seconds	Degre	es	N	linutes		Seconds	
29		18	33		98		48		15	
29. Primary SIC Code	30.	Secondary SIC	Code	31. Primar	y NAICS Co	ode	32. Seco	ndary NAIC	CS Code	
(4 digits) (5 or 6 digits) (5 or 6 digits)										
4952 22132										
33. What is the Primary I	Business of t	this entity? (D	Oo not repeat the SIC or	NAICS descri	iption.)					
34. Mailing	P .O. Box 1	12								
Address:										

TCEQ-10400 (11/22) Page 2 of 3

		City	L a Coste		State	TX		ZIP	7 8039	ZIP + 4				
35. E-Mail Add	dress:	mail	@cityoflaco	oste-tx.org			ı							
36. Telephone	Number	1	37. Extension or Code 38. Fa						x Number (if ap	x Number (if applicable)				
(8 30) 9 85- 9 494	ļ							(830)	7 62- 9 431					
39. TCEQ Progran form. See the Core					rite in the permits	s/registratio	n num	nbers tha	t will be affected	by the updates su	bmitted on this			
☐ Dam Safety	Distr	ricts	☐ Ed	wards Aquifer		E	missions	Inventory Air	☐ Industria	al Hazardous Waste				
☐ Municipal Sc	olid Waste	☐ New Review	Source Air	Os	OSSF		☐ Petroleum Storage Tank		☐ PWS	□ PWS				
			m Water	Tit	le V Air		Tires		Used Oil					
☐ Voluntary Cle	eanup	⊠ Was	tewater	□ W	Wastewater Agriculture		☐ Water Rights		Other:					
SECTION	l IV: P	repare	er Inf	orma	ation									
	Gregory Barfe	<u>-</u>				41. Title:		Graduat	e Engineer					
42. Telephone N	Number	43. Ext./	Code	44. Fax	Number	45. E-M	ail A	ddress						
(210)828-7070				(210)82	greg@copeen			eengineeringtx.com						
SECTION 46. By my signature to submit this form	e below, I cert	ify, to the be	st of my kno	owledge, tl	nat the informatio	=			=		signature authority			
Company:	Cope Er	ngineering, In	C.			Job Title	:	Gradua	ate Engineer					
Name (In Print):	Gregory	/ K. Barfell, E.	I.T.					1	Phone:	(210)828-70	070			
Signature:	gr	reg ba	rfell						Date:	1/27/202	5			

TCEQ-10400 (11/22) Page 3 of 3

ADMINISTRATIVE REPORT 1.0 ITEM 8F

PLAIN LANGUAGE SUMMARY



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUMMARY OF APPLICATION IN PLAIN LANGUAGE FOR TPDES OR TLAP PERMIT APPLICATIONS

Summary of Application (in plain language) 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 of your facility and application as required by Title 30, Texas Administrative Code (30 TAC), Chapter 39, Subchapter H. You may modify the template as necessary to accurately describe your 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 you 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. After filling in the information for your facility delete these instructions.

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.

The City of La Coste (CN 600655179) operates City of La Coste Wastewater Treatment Facility (RN 101916617), a Wastewater Treatment Facility. The facility is located at 11331 County Rd 584, in La Coste, Medina County, Texas 78039. This renewal is to discharge treated domestic wastewater into an unnamed tributary that eventually flows into Polecat Creek.

Discharges from the facility are expected to contain Daily Average: BOD5 10 mg/l, TSS 11.8 mg/l, pH>5. Sanitary Sewer is treated by a wastewater treatment plan. Sanitary sewer enters the treatment plan through a lift station and is processed through an aeration basin, then through a secondary clarifier, then go through the chlorine contact chamber, then through an abandoned clarifier used for effluent conveyance through original plant piping, then to the discharge point.

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

AGUAS RESIDUALES DOMÉSTICAS /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.

La ciudad de La Coste (CN 600655179) opera Instalación de tratamiento de aguas residuales de la ciudad de La Coste (RN 101916617), una Instalación de tratamiento de aguas residuales. La instalación está ubicada en el 11331 County Rd 584, en La Coste, Condado de Medina, Texas 78039. Esta renovación tiene como objetivo descargar aguas residuales domésticas tratadas en un afluente sin nombre que eventualmente desemboca en Polecat Creek.

Se espera que las descargas de la instalación contengan un promedio diario: BOD5 10 mg/l, TSS 11.8 mg/l, pH>5. El drenaje sanitario. está tratado por un plan de tratamiento de aguas residuales. El alcantarillado sanitario ingresa a la planta de tratamiento a través de una estación de bombeo y es procesado a través de un estanque de aireación, luego a través de un clarificador secundario, luego pasa por la cámara de contacto de cloro, luego a través de un clarificador abandonado utilizado para el transporte de efluentes a través de las tuberías originales de la planta, luego al punto de descarga.

INSTRUCTIONS

- 1. Enter the name of applicant in this section. The applicant name should match the name associated with the customer number.
- 2. Enter the Customer Number in this section. Each Individual or Organization is issued a unique 11-digit identification number called a CN (e.g. CN123456789).
- 3. Choose "operates" in this section for existing facility applications or choose "proposes to operate" for new facility applications.
- 4. Enter the name of the facility in this section. The facility name should match the name associated with the regulated entity number.
- 5. Enter the Regulated Entity number in this section. Each site location is issued a unique 11-digit identification number called an RN (e.g. RN123456789).
- 6. Choose the appropriate article (a or an) to complete the sentence.
- 7. Enter a description of the facility in this section. For example: steam electric generating facility, nitrogenous fertilizer manufacturing facility, etc.
- 8. Choose "is" for an existing facility or "will be" for a new facility.
- 9. Enter the location of the facility in this section.
- 10. Enter the City nearest the facility in this section.
- 11. Enter the County nearest the facility in this section.
- 12. Enter the zip code for the facility address in this section.
- 13. Enter a summary of the application request in this section. For example: renewal to discharge 25,000 gallons per day of treated domestic wastewater, new application to discharge process wastewater and stormwater on an intermittent and flow-variable basis, or major amendment to reduce monitoring frequency for pH, etc. If more than one outfall is included in the application, provide applicable information for each individual outfall.
- 14. List all pollutants expected in the discharge from this facility in this section. If applicable, refer to the pollutants from any federal numeric effluent limitations that apply to your facility.
- 15. Enter the discharge types from your facility in this section (e.g., stormwater, process wastewater, once through cooling water, etc.)
- 16. Choose the appropriate verb tense to complete the sentence.
- 17. Enter a description of the wastewater treatment used at your facility. Include a description of each process, starting with initial treatment and finishing with the outfall/point of disposal. Use additional lines for individual discharge types if necessary.

Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at <a href="https://www.wq-arthu.org/wq-arthu.or

Example 1: Industrial Wastewater TPDES Application (ENGLISH)

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 are not federal enforceable representations of the permit application.

ABC Corporation (CN600000000) operates the Starr Power Station (RN10000000000), a twounit gas-fired electric generating facility. Unit 1 has a generating capacity of 393 megawatts (MWs) and Unit 2 has a generating capacity of 528 MWs. The facility is located at 1356 Starr Street, near the City of Austin, Travis County, Texas 78753.

This application is for a renewal to discharge 870,000,000 gallons per day of once through cooling water, auxiliary cooling water, and also authorizes the following waste streams monitored inside the facility (internal outfalls) before it is mixed with the other wastewaters authorized for discharge via main Outfall 001, referred to as "previously monitored effluents" (low-volume wastewater, metal-cleaning waste, and stormwater (from diked oil storage area yards and storm drains)) via Outfall 001. Low-volume waste sources, metal-cleaning waste, and stormwater drains on a continuous and flow-variable basis via internal Outfall 101.

The discharge of once through cooling water via Outfall 001 and low-volume waste and metal-cleaning waste via Outfall 101 from this facility is subject to federal effluent limitation guidelines at 40 CFR Part 423. The pollutants expected from these discharges based on 40 CFR Part 423 are: free available chlorine, total residual chlorine, total suspended solids, oil and grease, total iron, total copper, and pH. Temperature is also expected from these discharges. Additional potential pollutants are included in the Industrial Wastewater Application Technical Report, Worksheet 2.0.

Cooling water and boiler make-up water are supplied by Lake Starr Reservoir. The City of Austin municipal water plant (CN600000000, PWS 00000) supplies the facility's potable water and serves as an alternate source of boiler make-up water. Water from the Lake Starr Reservoir is withdrawn at the intake structure and treated with sodium hypochlorite to prevent biofouling and sodium bromide as a chlorine enhancer to improve efficacy and then passed through condensers and auxiliary equipment on a once-through basis to cool equipment and condense exhaust steam.

Low-volume wastewater from blowdown of boiler Units 1 and 2 and metal-cleaning wastes receive no treatment prior to discharge via Outfall 101. Plant floor and equipment drains and stormwater runoff from diked oil storage areas, yards, and storm drains are routed through an oil and water separator prior to discharge via Outfall 101. Domestic wastewater, blowdown, and backwash water from the service water filter, clarifier, and sand filter are routed to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. WQ0010000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is generally disposed of off-site.

Example 2: Domestic Wastewater TPDES Renewal application

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

The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to discharge at an annual average flow of 1,200,000 gallons per day of treated domestic wastewater via Outfalls 001 and 002.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 3: Domestic Wastewater TPDES New Application

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

The City of Texas (CN000000000) proposes to operate the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the extended aeration mode. The facility will be located at 123 Texas Street, in the City of More Texas, Texas County, Texas 71234.

This application is for a new application to discharge at a daily average flow of 200,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD₅), total suspended solids (TSS), ammonia nitrogen (NH₃-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater will be treated by an activated sludge process plant and the treatment units will include a bar screen, a grit chamber, aeration basins, final clarifiers, sludge digesters, a belt filter press, chlorine contact chambers and a dechlorination chamber.

Example 4: Domestic Wastewater TLAP Renewal application

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

of the permit application.

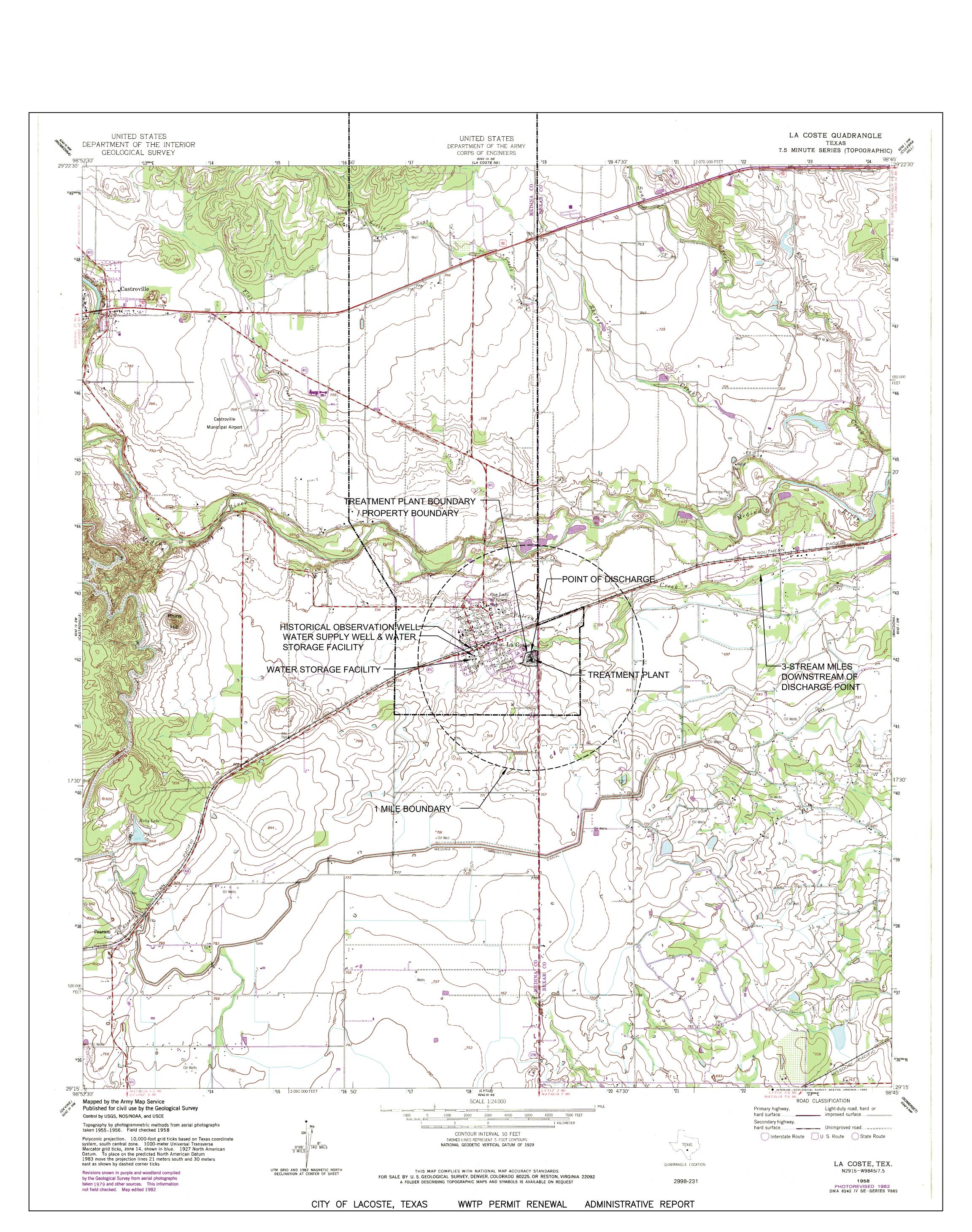
The City of Texas (CN000000000) operates the City of Texas wastewater treatment plant (RN00000000), an activated sludge process plant operated in the complete mix mode. The facility is located at 123 Texas Street, near the City of More Texas, Texas County, Texas 71234.

This application is for a renewal to dispose a daily average flow not to exceed 76,500 gallons per day of treated domestic wastewater via public access subsurface drip irrigation system with a minimum area of 32 acres. This permit will not authorize a discharge of pollutants into water in the state.

Land application of domestic wastewater from the facility are expected to contain five-day biochemical oxygen demand (BOD₅), total suspended solids (TSS), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, an equalization basin, an aeration basin, a final clarifier, an aerobic sludge digester, tertiary filters, and a chlorine contact chamber. In addition, the facility includes a temporary storage that equals to at least three days of the daily average flow.

ADMINISTRATIVE REPORT 1.0 SECTION 13

USGS TOPOGRAPHIC MAP



ADMINISTRATIVE REPORT 1.0 SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF) ITEM 5

USGS TOPOGRAPHIC MAP & LOCATION MAP

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TOTO HET ONLY.	
TCEQ USE ONLY: Application type: Panawal Major Ame	andment Minor Amendment New
Application type:RenewalMajor Ame	
Admin Complete Date:	
Agency Receiving SPIF:	
Texas Historical Commission	U.S. Fish and Wildlife
Texas Instorical Commission Texas Parks and Wildlife Department	
reads ranks and whether bepartment	0.5. Army corps of Engineers
This form applies to TPDES permit applications	s only. (Instructions, Page 53)
Complete this form as a separate document. TCE our agreement with EPA. If any of the items are r is needed, we will contact you to provide the infoeach item completely.	not completely addressed or further information
Do not refer to your response to any item in the attachment for this form separately from the Adapplication will not be declared administratively completed in its entirety including all attachmen may be directed to the Water Quality Division's Admail at	

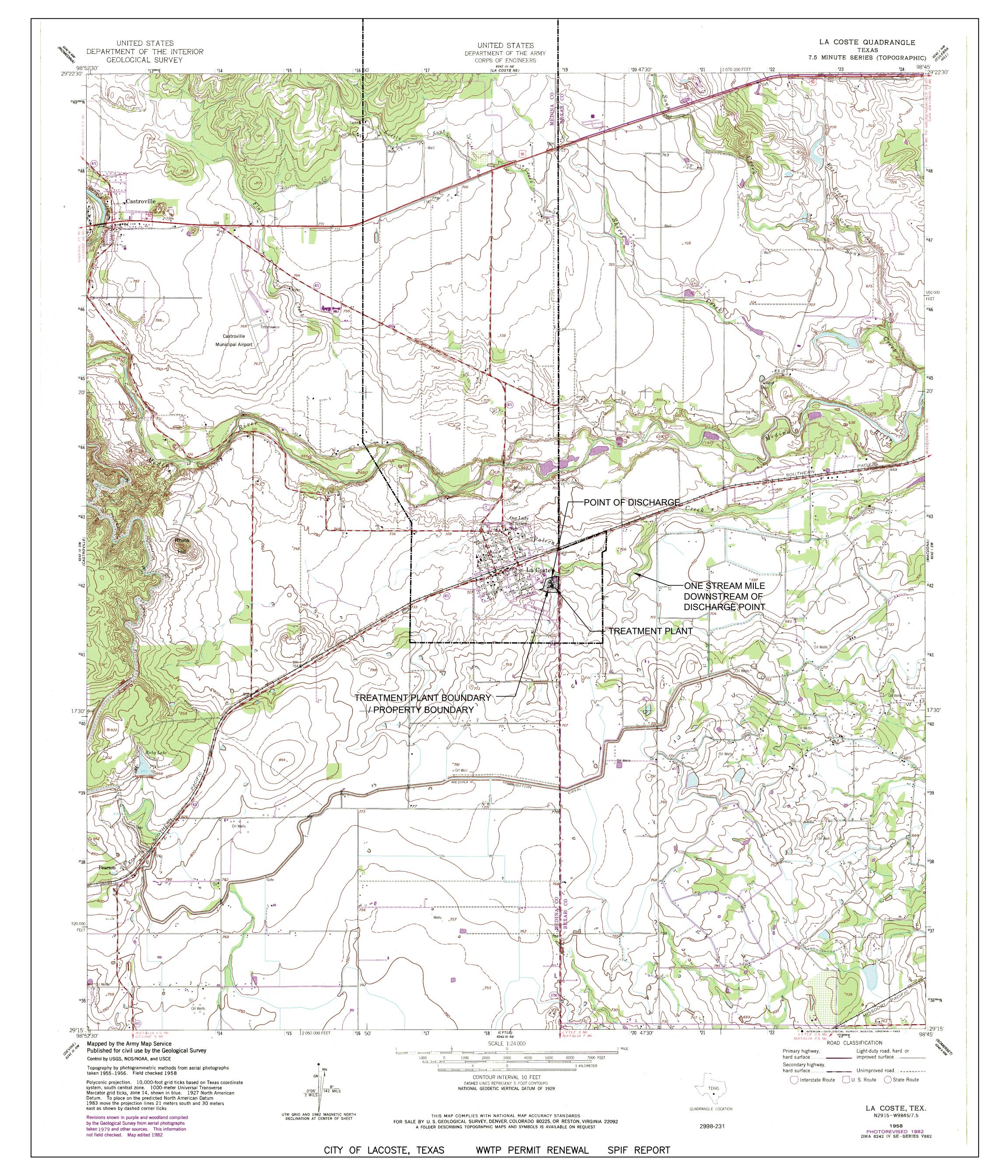
Provide the name, address, phone and fax number of an individual that can be answer specific questions about the property.	contacted to
Prefix (Mr., Ms., Miss): Mr.	
First and Last Name: <u>Darrell Rawlings</u>	
Credential (P.E, P.G., Ph.D., etc.):	
Title: City Manager	
Mailing Address: P.O. Box 112	
City, State, Zip Code: <u>La Coste, Texas 78039</u>	
Phone No.: <u>830-985-9494</u> Ext.: Fax No.: <u>830-762-9431</u>	
E-mail Address: <u>d.rawlings@cityoflacoste-tx.org</u>	
List the county in which the facility is located: Medina	
If the property is publicly owned and the owner is different than the permittee,	/applicant,
please list the owner of the property. Same as permittee	
Same as permittee	
Provide a description of the effluent discharge route. The discharge route must f	follow the flov
of effluent from the point of discharge to the nearest major watercourse (from the	he point of
discharge to a classified segment as defined in 30 TAC Chapter 307). If known, p the classified segment number.	please identify
From a chlorine contact chamber; thence through a 12" pipe to an unnamed tr	 rihutary of
Pole Cat Creek; thence to Pole Cat Creek; thence to the Medina River below the	
Diversion Lake in Segment 1903 of the San Antonio River Basin.	
	1 .
Please provide a separate 7.5-minute USGS quadrangle map with the project bo plotted and a general location map showing the project area. Please highlight the	
route from the point of discharge for a distance of one mile downstream. (This	
required in addition to the map in the administrative report).	
Provide original photographs of any structures 50 years or older on the proper	ty.
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 in	ntegrity
□ 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	

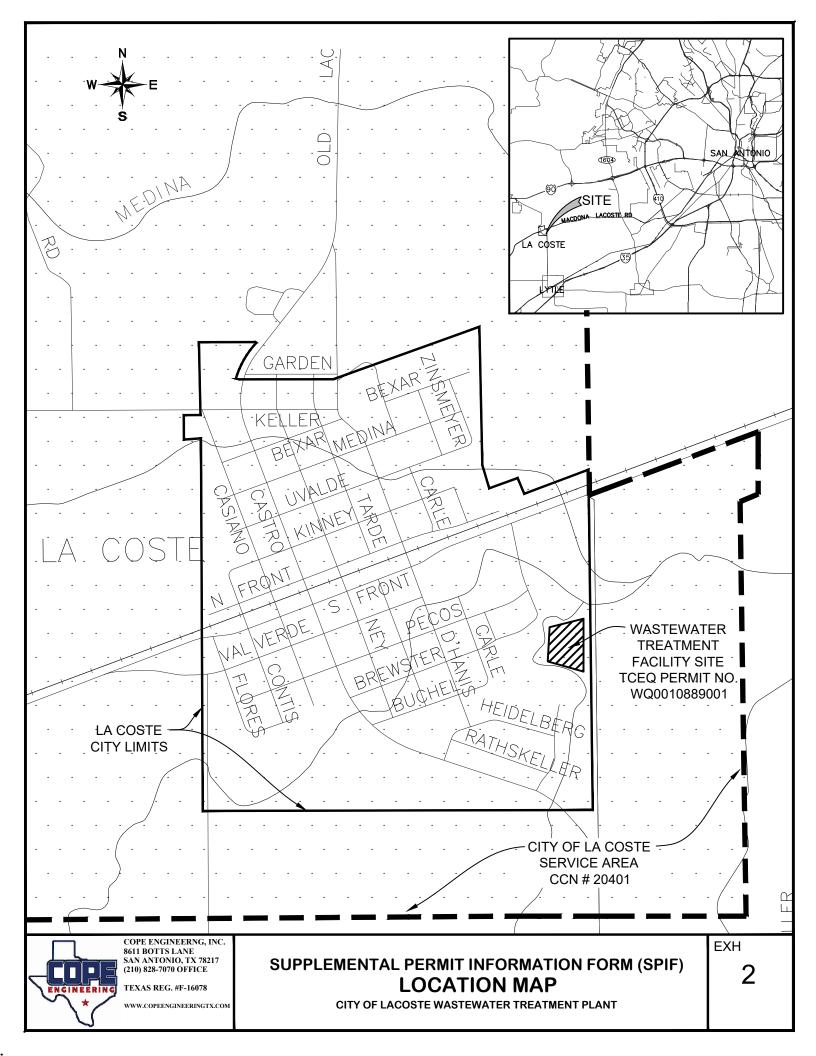
2.3.

4.

5.

		Disturbance of vegetation or wetlands
1.		oposed construction impact (surface acres to be impacted, depth of excavation, sealing es, or other karst features):
	N/A	
2.		oe existing disturbances, vegetation, and land use:
	N/A	
		OWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR ENTS TO TPDES PERMITS
3.	List co	nstruction dates of all buildings and structures on the property:
	LIICK	nere to enter text.
4.	Provide	e a brief history of the property, and name of the architect/builder, if known.
	N/A	





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TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

C. Final Phase

Design Flow (MGD): <u>0.20</u>

2-Hr Peak Flow (MGD): 0.60

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: 4-01-1993

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**.

The treatment process is through an Extended Aeration Carousel. Sewage enters the barscreen, then is passed into the Carousel, from there it is sent to the clarifier, then to the chlorine contact chamber, then to the 12" discharge where it is measured through the existing flume.

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)	
Headworks	1	Manual Bar Screen	
Carousel Aerations Basin	1	76'x31'x17'	
Clarifier	1	30' Diameter x 13.3' SWD	
Chlorine Contact Chamber	1	22' Diameter x 12' SWD	
Discharge Flume	1	6"	
RAS & Sludge Pumps	2	200 gallons per minute	

C. Process Flow Diagram

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

Attachment: See attached diagram

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

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

Latitude: <u>29.3094</u>Longitude: <u>98.8059</u>

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

Latitude: N/ALongitude: N/A

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

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

Attachment: See attached site drawing

The area served by the WWT boundaries. Collection System Informatieach uniquely owned collection.	P are all individuals re	siding within the City of L FPDES permits only: Pr	a Coste's CCN covide information for
satellite collection systems. examples .			
Collection System Informatio	n		
Collection System Name	Owner Name	Owner Type	Population Served
City of La Coste WWTP	City of La Coste	Publicly Owned	1,380
		Choose an item.	
		Choose an item.	
		Choose an item.	
years of being authorized by Yes No If yes, provide a detailed difficient to provide sufficient recommending denial of the	scussion regarding t nt justification may	result in the Executive	
N/A	To amount place of	F	
Section 5. Closure 1	Plans (Instructio	ons Page 45)	
Have any treatment units be out of service in the next five	een taken out of serv	-	ll any units be taken

Yes □ No

If yes, was a closure plan submitted to the TCEQ?	
□ Yes ⊠ No	
If yes, provide a brief description of the closure and the date of plan approval.	
Section 6. Permit Specific Requirements (Instructions Page 45) For applicants with an existing permit, check the Other Requirements or Special	
Provisions of the permit.	
A. Summary transmittal	
Have plans and specifications been approved for the existing facilities and each propose phase?	d
⊠ Yes □ No	
If yes, provide the date(s) of approval for each phase: 6/01/1992 (Final)	
Provide information, including dates, on any actions taken to meet a <i>requirement or provision</i> pertaining to the submission of a summary transmittal letter. Provide a copy of an approval letter from the TCEQ, if applicable .	of
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 the buffer zone. If available, provide any new documentation relevant to maintaining the buffer zones.	
The buffer zone is met by ownership.	

C.	Ot	her actions required by the current permit
	sul	bes the <i>Other Requirements</i> or <i>Special Provisions</i> section in the existing permit require bmission of any other information or other required actions? Examples include tification of Completion, progress reports, soil monitoring data, etc.
		⊠ Yes □ No
		yes, provide information below on the status of any actions taken to meet the nditions of an <i>Other Requirement</i> or <i>Special Provision</i> .
		ffluent and flow limits are required to be submitted quarterly. Progress reports with the required at are submitted monthly to TCEQ.
D.	Gr	it 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.
		The City of La Coste has a contract with Partners Dewatering International (PDI) Reg #MSW 43011 to allow for the processing of grease, grit, etc. All processes of PDI operation are carried under their permit, not the City of La Coste's. See flow diagram.
	2	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.
		The City of La Coste has a contract with Partners Dewatering International (PDI) Reg #MSW43011 to allow for the processing of grease, grit, etc. All processes of PDI operation are carried under their permit, not the City of La Coste's. See flow diagram.
	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.
		The City of La Coste has a contract with Partners Dewatering International (PDI) Reg #MSW43011 to allow for the processing of grease, grit, etc. All processes of PDI operation are carried under their permit, not the City of La Coste's. See flow diagram.
E.	Sto	ormwater management
		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
	<i>3.</i>	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.	Dis	scharges to the Lake Houston Watershed
	Do	es the facility discharge in the Lake Houston watershed?
		□ Yes ⊠ No
	-	yes, attach a Sewage Sludge Solids Management Plan. See Example 5 in the instructions. ck to enter text.
G.	Ot	her wastes received including sludge from other WWTPs and septic waste
	1.	Acceptance of sludge from other WWTPs
		Does or will the facility accept sludge from other treatment plants at the facility site?
		□ Yes ⊠ No
		If yes, attach sewage sludge solids management plan. See Example 5 of instructions.
		In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an
		estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
		Click to enter text.
		Note: Permits that accept sludge from other wastewater treatment plants may be required to have influent flow and organic loading monitoring.
	2.	Acceptance of septic waste
		Is the facility accepting or will it accept septic waste?
		⊠ Yes □ No
		If yes, does the facility have a Type V processing unit?
		⊠ Yes □ No

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

⊠ Yes □ No
If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the
design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.
Waste is accepted from Partners Dewatering International (PDI) Reg #MSW43011. This program has not changed has not changed since the last permit renewal.
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 ₅ , mg/l		23	1	grab	12/30/24
Total Suspended Solids, mg/l		22	1	grab	12/27/24
Ammonia Nitrogen, mg/l		4.7	1	grab	12/26/24
Nitrate Nitrogen, mg/l		2.2	1	grab	12/24/24
Total Kjeldahl Nitrogen, mg/l		15	1	grab	1/09/25
Sulfate, mg/l		31	1	grab	12/24/24
Chloride, mg/l		166	1	grab	12/24/24
Total Phosphorus, mg/l		5.28	1	grab	12/30/24
pH, standard units		7.5	1	grab	12/24/24
Dissolved Oxygen*, mg/l		N/A			
Chlorine Residual, mg/l		2.5	1	grab	12/24/24
<i>E.coli</i> (CFU/100ml) freshwater		0	1	grab	12/23/24
Entercocci (CFU/100ml) saltwater		N/A			
Total Dissolved Solids, mg/l		712	1	grab	12/21/24
Electrical Conductivity, µmohs/cm, †		N/A			
Oil & Grease, mg/l		N/A			
Alkalinity (CaCO ₃)*, mg/l		N/A			

^{*}TPDES permits only †TLAP 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 ₃), mg/l					

Section 8. Facility Operator (Instructions Page 50)

Facility Operator Name: <u>Jason Breithaupt</u>

Facility Operator's License Classification and Level: $\underline{\mathbf{C}}$

Facility Operator's License Number: WW# 0034022

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

Α.	WW	TP's Biosolids Management Facility Type
	Che	ck all that apply. See instructions for guidance
		Design flow>= 1 MGD
		Serves >= 10,000 people
		Class I Sludge Management Facility (per 40 CFR § 503.9)
		Biosolids generator
		Biosolids end user – land application (onsite)
		Biosolids end user – surface disposal (onsite)
		Biosolids end user – incinerator (onsite)
B.	ww	TP's Biosolids Treatment Process
	Che	ck 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
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.
Choose an item.	Choose an item.	Choose an item.		Choose an item.	Choose an item.

If "Other" is selected for Management Practice, please explain (e.g. monofill or transport to another WWTP): <u>Hauled off site to a permitted site</u>

D. Disposal site

Disposal site name: Southwaste Disposal San Antonio Facility

TCEQ permit or registration number: 2317

County where disposal site is located: Bexar County, Texas

E. Transportation method

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

Name of the hauler: SIS Liquid Waste Haulers, LLC.

Hauler registration number: TCEQ #22085

Sludge is transported as a:

Liquid ⊠	semi-liquid \square	semi-solid \square	solid □
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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)?

	e existing permit include authorization for or disposal options?	any	of the	follow	ing sludge processing,
Sludg	ge Composting		Yes		No
Marke	eting and Distribution of sludge		Yes	\boxtimes	No
Sludg	ge Surface Disposal or Sludge Monofill		Yes	\boxtimes	No
Temp	oorary storage in sludge lagoons		Yes		No
authoriza Technica	any of the above sludge options and the a ation, is the completed Domestic Wastew al Report (TCEQ Form No. 10056) attache	atei	Permit	t Appl i	ication: Sewage Sludge
□ Y	Yes □ No				
Section 1	1. Sewage Sludge Lagoons (Inst	ruc	ctions	Page	: 53)
Does this fa	cility include sewage sludge lagoons?				
□ Yes	⊠ No				
If yes, comp	lete the remainder of this section. If no, p	roce	eed to S	ection	12.
A. Location	information				
	owing maps are required to be submitted a the Attachment Number.	as p	art of th	ne app	lication. For each map,
• O1	riginal General Highway (County) Map:				
At	ttachment: Click to enter text.				
• US	SDA Natural Resources Conservation Serv	ice S	Soil Map):	
At	ttachment: Click to enter text.				
• Fe	ederal Emergency Management Map:				
At	ttachment: Click to enter text.				
• Sit	te map:				
At	ttachment: Click to enter text.				
Discuss i apply.	in a description if any of the following exi	st w	ithin th	e lago	on area. Check all that
	Overlap a designated 100-year frequency f	looc	l plain		
\square S	Soils with flooding classification				
	Overlap an unstable area				
\square V	Vetlands				
	ocated less than 60 meters from a fault				
	None of the above				
- Attac	chment: Click to enter text.				

B. Sludge processing authorization

Click to enter text.
Temporary storage information
Provide the results for the pollutant screening of sludge lagoons. These results are in addition to pollutant results in <i>Section 7 of Technical Report 1.0.</i>
Nitrate Nitrogen, mg/kg: Click to enter text.
Total Kjeldahl Nitrogen, mg/kg: <u>Click to enter text.</u>
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: <u>Click to enter text.</u>
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	s) have	a linei	r with	a maxii	mum hy	draul	ic
conductivity of	1x10 ⁻⁷ cm/s	sec?								

Yes	No

	If yes	, describe the liner below. Please note that a liner is required.
	Click	to enter text.
D.	Site d	evelopment plan
	Provid	de a detailed description of the methods used to deposit sludge in the lagoon(s):
	Click	to enter text.
	Attac	n 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.	Grou	ndwater monitoring
	groun	undwater monitoring currently conducted at this site, or are any wells available for dwater monitoring, or are groundwater monitoring data otherwise available for the e lagoon(s)?
		Yes □ No
	types	undwater monitoring data are available, provide a copy. Provide a profile of soil encountered down to the groundwater table and the depth to the shallowest dwater as a separate attachment.
	At	tachment: 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:
C	lick 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:
C	lick to enter text.
0	· 10 POPA (CEPCIA MI · (I · · · P P F F)
Se	ection 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:
 - o periodically inspected by the TCEQ; or
 - o located in another state and is accredited or inspected by that state; or
 - o 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: Jeremy Johonnett

Title: Mayor

Data

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 it Section 2. If yes , provide the following:
Owner of the drinking water supply: <u>Click to enter text.</u>
Distance and direction to the intake: <u>Click to enter text.</u>
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.

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: Polecat Creek A. Receiving water type Identify the appropriate description of the receiving waters. \boxtimes 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: City Staff Observation

Classified Segments (Instructions Page 64)

Section 3.

C.	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 charact	teristics			
		er characteristics char al or man-made dams		rithin three miles downstream of the ids, 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.				
	Natural vegetated area	a			
	Date and time of obs	ervation: <u>1/30/2025</u> at	2:00	PM	
	Was the water body i	nfluenced by stormwa	ater r	runoff during observations?	
	□ Yes ⊠ No				
Se	ection 5. Genera Page 6		s of	the Waterbody (Instructions	
A.	Upstream influences	S			
		eiving water upstream the following? Check		ne discharge or proposed discharge site nat apply.	
	□ Oil field activ	rities		Urban runoff	
	□ Upstream dis	charges	\boxtimes	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. Livestock watering Contact recreation Irrigation withdrawal Non-contact recreation **Fishing Navigation** Domestic water supply Industrial water supply Park activities Other(s), specify: Click to enter text. C. Waterbody aesthetics Check one of the following that best describes the aesthetics of the receiving water and the surrounding area. Wilderness: outstanding natural beauty; usually wooded or unpastured area; water clarity exceptional Natural Area: trees and/or native vegetation; some development evident (from fields, pastures, dwellings); water clarity discolored Common Setting: not offensive; developed but uncluttered; water may be colored or turbid Offensive: stream does not enhance aesthetics; cluttered; highly developed;

dumping areas; water discolored

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 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: <u>o</u>

Average Daily Flows, in MGD: <u>o</u>

Significant IUs – non-categorical:

Number of IUs: <u>o</u>

Average Daily Flows, in MGD: <u>o</u>

Other IUs:

Number of IUs: <u>o</u>

Average Daily Flows, in MGD: o

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.

	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.
Se	ection 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 <i>40 CFR §403.18</i> ?
	□ Yes □ No
	If yes , identify the modifications that have not been submitted to TCEQ, including the purpose of the modification.
	Click to enter text.

C. Treatment plant pass through

	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			
		non-substantial mo oose of the modifica		ave not been sub	mitted to TCEQ,
	Click to enter text.				
c.	Effluent paramete	ers above the MAL			
Tal		t all parameters me the last three years ters Above the MAL			
Pe	ollutant	Concentration	MAL	Units	Date
D.	Industrial user in	terruptions			
		or other IU caused o ass throughs) at you		, -	cluding
	□ Yes □	No			
		e industry, describe nd probable polluta		cluding dates, du	ration, description
	Click to enter text	t.			

B. Non-substantial modifications

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

A.	General information	

A.	General information
	Company Name: Click to enter text.
	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: <u>Click to enter text.</u>
	Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent
	Non-Process Wastewater:
	Discharge, in gallons/day: Click to enter text.

Batch

Intermittent

Discharge Type: ☐ Continuous

Pretreatment standards
Is the SIU or CIU subject to technically based local limits as defined in the <i>i</i> nstructions?
□ Yes □ No
Is the SIU or CIU subject to categorical pretreatment standards found in 40 CFR Parts 405 - 471 ?
□ Yes □ No
If subject to categorical pretreatment standards , indicate the applicable category and subcategory for each categorical process.
Category: Subcategories: Click to enter text.
Click or tap here to enter text. Click to enter text.
Category: Click to enter text.
Subcategories: <u>Click to enter text.</u>
Category: Click to enter text.
Subcategories: <u>Click to enter text.</u>
Category: Click to enter text.
Subcategories: <u>Click to enter text.</u>
Category: Click to enter text.
Subcategories: <u>Click to enter text.</u>
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.

E.

F.

DOMESTIC TECHNICAL REPORT 1.0 ITEM 2C

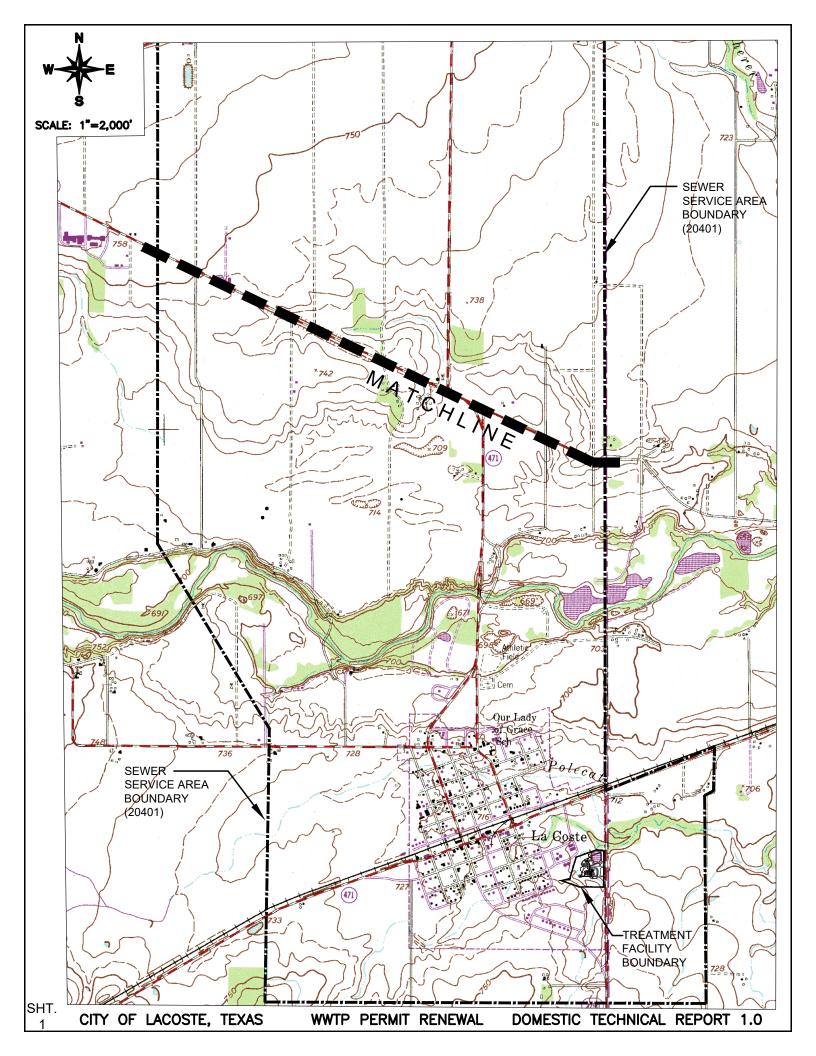
FLOW DIAGRAM

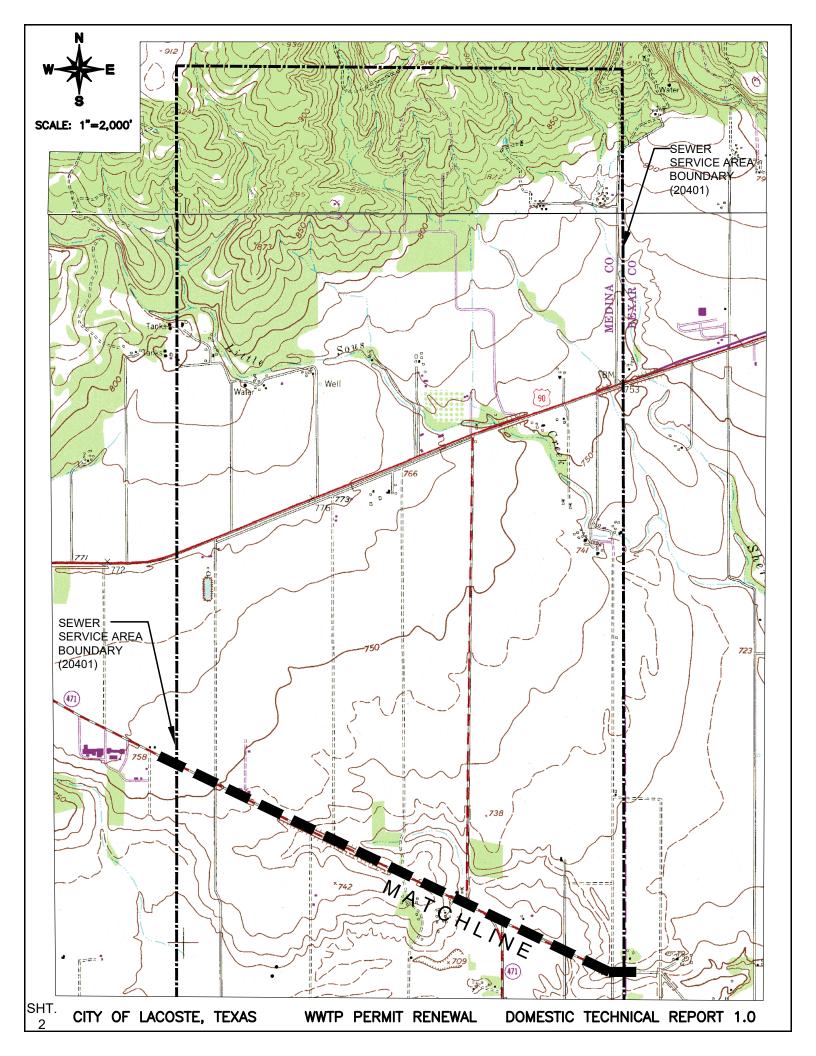
Aerobic WWTP Type V GG Upgrade Process Flow Diagram

Discharge Point *Abandoned S@S Companies Clarifier Treated , * Abandoned clarified | */
used for effluent
conveyance through
original plant pipping Sludge PARTNERS DEWATERING INTERNATIONAL REG. # MSW 43011 Contact Chamber Chlorine Membrane Separation Unit CITY OF LACOSTE Wastewater Secondary Clarifier Mixing Tank - 0 -Activated Sludge CO₂(g) Microorganisms Activated Sludge Recycle Aeration Basin Storage Tank Air → Lift Station Raw Sewage Grease / Polymer

DOMESTIC TECHNICAL REPORT 1.0 ITEM 3

SITE DRAWING





DOMESTIC TECHNICAL REPORT 1.0 ITEM 7

POLLUTANT ANALYSIS LAB RESULTS



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Darrell Rawlings La Coste, City of P.O. Box 112 La Coste, TX 78039	Project Name: TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 12/23/2024 1000	PCS Sample #: 786372 Page 1 of 2 Date/Time Received: 12/23/2024 14:25 Report Date: 1/13/2025 Approved by: Chuck Wallgren, President

Test Description	Flag	Result	Units	RL	Analy	ysis Date	/Time	Metho	od	Analyst
CBOD5		23	mg/L	3	12/3	0/2024 1	0:59	SM 5210) B	GQM
CBOD5 Prev		>18	mg/L	N/A	12/2	3/2024 13	8:43	SM 5210) B	PML
Chloride IC	R	166	mg/L	5	12/2	4/2024 10	0:48	EPA 300	0.0	JAS
Nitrate-N IC		2.2	mg/L	0.5	12/2	4/2024 1	0:48	EPA 300	0.0	JAS
Phosphorus, Total		5.28	mg/L	0.10	12/3	0/2024 04	4:40	SM 450	0-P/B/E	JAS
Sulfate IC		31	mg/L	5	12/2	4/2024 1	0:48	EPA 300	0.0	JAS
Total Dissolved Solids		712	mg/L	10	12/3	1/2024 1	4:40	SM 254)C	PML
Total Suspended Solids		22	mg/L	1	12/2	7/2024 13	3:00	SM 2540) D	LCC/PML
Test Description		Precision	Quality As Limit	surance Sumn LCL	nary MS	MSD	UCL	LCS	LCS Limit	Blank
CBOD5		15	23	N/A	N/A	N/A	N/A	202	167 - 228	
CBOD5 Prev		*40	23	N/A	N/A	N/A	N/A	214	167 - 228	
Chloride IC		1	10	95	*93	*93	102	93	85 - 115	
Nitrate-N IC		2	20	70	100	102	130	104	85 - 115	
Phosphorus, Total		<1	10	91	102	102	103	105	85 - 115	
Sulfate IC		2	10	94	97	95	101	103	85 - 115	

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

N/A

N/A

10

10

3

*Approved for release per QA Plan, Exception to Limits - QAM Section 13-4

R Spike recovery outside control limits due to matrix effect - LCS within limits

These analytical results relate only to the sample tested.

N/A

N/A

All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.

RL = Reporting Limits

N/A

QC Data Reported in %, Except BOD in mg/L

Total Dissolved Solids

Total Suspended Solids



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Darrell Rawlings La Coste, City of P.O. Box 112 La Coste, TX 78039	Project Name: TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 12/23/2024 1000	PCS Sample #: 786372 Page 2 of 2 Date/Time Received: 12/23/2024 14:25 Report Date: 1/13/2025

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Ammonia-N (ISE)	4.7	mg/L	0.1	12/26/2024 10:40	SM 4500-NH3 D	CLH
Kjeldahl-N, Total	15	mg/L	1	01/09/2025 11:15	SM 4500-N B/C	PML

		Quality As	surance Sumi	nary						
Test Description	Precision	Limit	LCL	MS	MSD	UCL	LCS	LCS Limit	Blank	
Ammonia-N (ISE)	<1	10	80	83	84	120	86	85 - 115		
Kjeldahl-N, Total	2	10	90	101	99	109	106	85 - 115	<1	

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested. All data is reported on an 'As Is' basis unless designated as 'Dry Wt'. RL = Reporting Limits

www.pcslab.net chuck@pcslab.net

1532 Universal City Blvd Universal City, TX 78148-3318 Main: 210-340-0343 Fax: 210-658-7903



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Darrell Rawlings La Coste, City of P.O. Box 112 La Coste, TX 78039	Project Name: TCEQ Minor Permit Renewal Sample ID: Effluent Matrix: Non-Potable Water Date/Time Taken: 12/23/2024 1015	PCS Sample #: 786373 Page 1 of 1 Date/Time Received: 12/23/2024 14:25 Report Date: 12/24/2024 Approved by: Chuck Wallgren, President

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
E. coli. (Enumeration-MPN) 18	0	CFU/100ml	1	12/23/2024 15:35	9223 IDEXX Quanti-Tray	CLH
Quality Statement: All supporting quality data adherence exceptions or in a case narrative attachment. Reports					nts of NELAC unless otherwise	noted as flagged
			A	These analytical results relate all data is reported on an 'As LL = Reporting Limits	only to the sample tested. Is' basis unless designated as 'Di	ry Wt'

Web Site: www.pcslab.net eMail: chuck@pcslab.net

Chain of Custody Number

786372

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1st sample and COC as same number

MOLITICE SAVIIL		OID KEY	CLO	1 2 1											amp I i	Juinp	ic unu coc	di june	
CUSTOMER INFORMA								MATION											
Name: La Coste	city of				Attention:	Dan	rel	Rawlings	Phone: /830) 985-9494 Fax:										
SAMPLE INFORMATIO	N								Requested Analysis										
Project Information:			Collec	ted By	Daniel 1	Pa	XS	91		TA TA							Instruction	s/Comme	nts:
					Matrix '			Container	1 50	M	1		~/	_0					
Report "Soils" ☐ As Is ☐ Dry V	Wt.		orine mg/L	te or	DW- Drinking Water; NPW- Non-		le le		12	NES			Sulfate	2	3				
	Colle	cted	rad Ch	osi	potable water; WW-Wastewater;	Type	Number	Preservative			打	\mathcal{L}	3	-0					
Client / Field Sample ID	Date	Time	Field Resid	Composite or Grab	LW-Liquid Waste	τ	Ŋ		CBOD	N03	TP04	705	S	Ch	\mathcal{E} . $(\infty)_j$		PCS S	ample I	Number
- 100	Start: 123/24	Start:		□с	DW 🖪 NPW	Q P	_	☐ H ₂ SO ₄ ☐ HNO ₃								\neg			
Effluent	12123/29	IO OOA~	1		☐ WW ☐ Soil ☐ Sludge ☐ LW	□G □O	2	□ H₃PO₄ □ NaOH ■ ICE □	X	X	X	X	X	X		-		537	
	End:				☐ Other					\ \	V	1				1		THEM Oth	er:
E. Coli	Start: 10 23/24	Start: 10215 A-			□ WW □ Soil	Ø P □G	7	☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH							\mathbb{N}		7 8	63	7 3
L. COI.	End:	End:			Other	□ 0	_	PICE 🗆							X		□S □B □N [THEM Oth	ar:
	Start:	Start:		СС	□ DW □ NPW □ WW □ Soil			□H ₂ SO ₄ □HNO ₃ □H ₃ PO ₄ □NaOH										12	
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other	<u></u>		□ICE □									□S □B □N [THEM Oth	er:
	Start:	Start:			□ DW □ NPW □ WW □ Soil	□P □G		☐H ₂ SO ₄ ☐HNO ₃ ☐H ₃ PO ₄ ☐NaOH											
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other	□ 0		□ICE □									□S □B □N E	THEM Oth	er:
	Start:	Start:		□c	☐ DW ☐ NPW ☐ WW ☐ Soil	□P □G		□H ₂ SO ₄ □HNO ₃ □H ₃ PO ₄ □NaOH											
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other			DICE D									□S □B □N [□HEM Oth	er:
	Start:	Start:		СС	□ DW □ NPW □ WW □ Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other	0 0		DICE D									□S □B □N □	THEM Oth	er:
	Start:	Start:		□c	☐ DW ☐ NPW ☐ WW ☐ Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH								L			
	End:	End:		□G	☐ Sludge ☐ LW ☐ Other			TICE T									□S □B □N [JHEM Oth	er:
	Start:	Start:			□DW □NPW □WW □Soil	□P □G		☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH											
	End:	End:		□G	☐ Sludge ☐LW ☐ Other	□ 0		□ ICE □									□S □B □N [□HEM Oth	er;
Required Turnaround: A R	Routine (6-10 day	s) <i>EXPEDI</i>	<i>TE</i> : (S	ee Surc	harge Schedule)	□ <	8 Hr	s. □ < 16 Hrs. □ < 24 Hr	s. 🗆 5	days	□ Oth	er:		Rush (Charges .	Autho	rized by:		
Sample Archive/Disposal	Laboratory Sta	ndard □ Holo	d for cli	ent pic	k up Co	ntain	er T	ype: P=Plastic, G=Glass	=	Other						Сатт	ier ID:		
Relinquished By:	2120	7	Date	12/	23/24 Time:			Received By:	V	~1	5	-	()		Date:	12	- 23 24	Time:	16 roch
Relinquished By: Rev. Multiple Sample COC 20180628	2-5	3	Date	12	るが Time:	l fe	12	Received By:	w	4	ولل	V	$\langle \mathcal{L} \rangle$		Date:	12	25	Time:	1425
1532 Universal City Plyd	Sta 100 Univa	real City Tay	ac 791	18				()			0 175					12.	23.24		

Sample Log-In Checklist DCN: SL-001, Rev. 1 Effective Date: 6/07/2022

Pollution Control Services Sample Log-In Checklist

Sample Log-In Checkins: 7 8 6 2 7 3
D
ame: D Coste
Sample Delivery to Lab Via: Client Drop Off Commercial Carrier: Bus UPS Lone Star FedEx USPS OCS Field Services: Collection/Pick Up Other:
F - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
All Samples Received before Hold Time Expiration? Yes No Sufficient Sample Volumes for Analysis Requested? Yes No Sample Preservation: **Cooling: Not Required or Required or Required Samples Observed/Corrected Sample Kit/Cooler? Yes No Samples received same day as collected? Yes No Samples Lab Thermometer Make and Serial Number: Vaughan 1807009583 Other:
Acid Preserved Sample - If present, is pH <2? Base Preserved Sample - If present, is pH >12? Base Preserved Sample - If present, is pH >12? Sample Preservation: Sample Preservations Checked by: 1 MM Date 12.23.24 Time 142 Physical Physical Preservation (PCS log #): 24. 24.
Adjusted by Tech/Analyst:Date:Time:
Person Notified: Notified Date: Time: Contacted by: Method of Contact: At Drop Off: Phone Left Voice Mail E-Mail Fax Unable to Contact: Authorized Laboratory to Proceed: (Lab Director)
Kegarding / Collinents

Initails:

Holding Time

THE TONMENTAL OUR

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of La Coste, Texas

PERMIT NUMBER (If new, leave blank): WQ00 010889001

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

	Y	IN		Y	IN
Administrative Report 1.0			Original USGS Map		
Administrative Report 1.1		\boxtimes	Affected Landowners Map		\boxtimes
SPIF			Landowner Disk or Labels		\boxtimes
Core Data Form			Buffer Zone Map		\boxtimes
Public Involvement Plan Form			Flow Diagram	\boxtimes	
Technical Report 1.0			Site Drawing	\boxtimes	
Technical Report 1.1		\boxtimes	Original Photographs		\boxtimes
Worksheet 2.0			Design Calculations		\boxtimes
Worksheet 2.1			Solids Management Plan		\boxtimes
Worksheet 3.0		\boxtimes	Water Balance		\boxtimes
Worksheet 3.1		\boxtimes			
Worksheet 3.2		\boxtimes			
Worksheet 3.3		\boxtimes			
Worksheet 4.0		\boxtimes			
Worksheet 5.0		\boxtimes			
Worksheet 6.0					
Worksheet 7.0		\boxtimes			

For TCEQ Use Only	
Segment NumberExpiration Date	County Region
Permit Number	

THE THE PARTY OF T

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 □

Mailed Check/Money Order Number: 23319

Check/Money Order Amount: \$815.00

Name Printed on Check: City of La Coste Utility Dept.

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.
 - □ Inactive

c.	Che	eck the box next to the appropriate pe	ermit type.				
	\boxtimes	TPDES Permit					
		TLAP					
		TPDES Permit with TLAP component	t				
		Subsurface Area Drip Dispersal Syst	tem (SADDS)				
d.	Che	eck the box next to the appropriate ag	oplication typ	e			
		New					
		Major Amendment <u>with</u> Renewal		Minor Amendment <u>with</u> Renewal			
		Major Amendment without Renewal		Minor Amendment <u>without</u> Renewal			
	\boxtimes	Renewal without changes		Minor Modification of permit			
e.	For	amendments or modifications, descr	ribe the propo	sed changes: Click to enter text.			
f.	For	For existing permits:					
	Per	mit Number: WQ00 <u>010889001</u>					
	EPA	A I.D. (TPDES only): TX <u>0107743</u>					
	Exp	iration Date: <u>August 20, 2025</u>					
Se	cti	on 3. Facility Owner (Appli	cant) and	Co-Applicant Information			
	.cu	(Instructions Page 26		corippieum imormation			
٨	The	e owner of the facility must apply fo					
A.		at is the Legal Name of the entity (app	_				
		of La Coste, Texas	pricarit) appry	ing for this permit:			
	(Th	·	as filed with ti	ne Texas Secretary of State, County, or in			
		ne applicant is currently a customer v n may search for your CN on the TCEC		, what is the Customer Number (CN)? http://www15.tceq.texas.gov/crpub/			
		CN: <u>600655179</u>					
		at is the name and title of the person cutive official meeting signatory requ					
		Drofix: Mr Lac	t Namo Eiret	Nama: Johannett Jaramy			

Prefix: Mr. Last Name, First Name: <u>Johonnett, Jeremy</u>

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. <u>See Attached</u>

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: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

Check one or both:

☐ Administrative Contact
☐ Technical Contact

B. Prefix: Mr. Last Name, First Name: Barfell, Gregory

Title: <u>Engineer</u> Credential: <u>E.I.T.</u>

Organization Name: Cope Engineering, Inc.

Mailing Address: 8611 Botts Lane City, State, Zip Code: San Antonio, TX 78217

Phone No.: <u>210-828-7070</u> E-mail Address: <u>greg@copeengineeringtx.com</u>

Check one or both: ☐ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Johonnett, Jeremy

Title: <u>Mayor</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: mail@cityoflacoste-tx.org

B. Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

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

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

Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: City Manager Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Rawlings, Darrell

Title: <u>City Manager</u> Credential: Click to enter text.

Organization Name: City of La Coste, Texas

Mailing Address: P.O. Box 112 City, State, Zip Code: La Coste, Texas 78039

Phone No.: 830-985-9494 E-mail Address: d.rawlings@cityoflacoste-tx.org

B.		thod fo ckage	r Receiving	Noti	ce of Receipt and Intent to Obtain a Water Quality Permit	
	Indicate by a check mark the preferred method for receiving the first notice and instructions:					
		E-mail	Address			
		Fax				
		Regul	ar Mail			
C.	Co	ntact pe	ermit to be l	isted	in the Notices	
	Pre	efix: <u>Mr.</u>	-		Last Name, First Name: <u>Johonnett, Jeremy</u>	
	Tit	le: <u>Mayo</u>	<u>or</u>		Credential: Click to enter text.	
	Org	ganizati	on Name: <u>Ci</u>	ty of l	La Coste, Texas	
	Ma	iling Ad	ldress: <u>P.O. I</u>	30x 11	2 City, State, Zip Code: <u>La Coste, Texas 78039</u>	
	Pho	one No.:	830-985-94	94	E-mail Address: mail@cityoflacoste-tx.org	
D.	Pu	blic Vie	wing Inforn	natio	1	
			ity or outfall st be provide		rated in more than one county, a public viewing place for each	
	Pul	blic buil	ding name:	Mediı	na County Courthouse	
	Loc	cation w	ithin the bu	ildin	g: <u>Room 109</u>	
	Phy	ysical A	ddress of Bu	iildin	g: <u>1100 16th Street</u>	
	Cit	y: <u>Hond</u>	<u>o</u>		County: <u>Medina</u>	
					ame): <u>Gina Champion, County Clerk</u>	
					:: Click to enter text.	
Е.	Bilingual Notice Requirements					
					d for new, major amendment, minor amendment or minor 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.					
	ob				coordinator at the nearest elementary and middle schools and ation to determine whether an alternative language notices are	
	1.				program required by the Texas Education Code at the elementary to the facility or proposed facility?	
		\boxtimes	Yes		No	
		If no , p below.	ublication o	f an a	alternative language notice is not required; skip to Section 9	
	2.				tend either the elementary school or the middle school enrolled in ogram at that school?	
			Yes		No	

	3.	Do the locatio		s at these	schools	attend a	a bilingua	l educa	tion prog	gram a	t another
			Yes	\boxtimes	No						
	4.						a bilingua TAC §89.			gram l	out the school has
			Yes	\boxtimes	No						
	5.			, -			or 4, publi the biling				tive language are
F.	Pla	in Lang	guage Su	mmary T	emplate						
	Co	mplete	the Plain	Languag	e Summa	ry (TCE	Q Form 2	0972) a	ınd inclu	de as a	nn attachment.
	At	tachme	nt: <u>See At</u>	tachment							
G.	Pu	blic Inv	olvemer	nt Plan Fo	orm						
	Co	mplete	the Publi	c Involve	ement Plai	n Form	(TCEQ Fo	rm 209	60) for e	ach ap	plication for a
	ne	w perm	it or maj	jor amen	dment to	a pern	nit and in	clude a	s an atta	chmen	t.
	At	tachme	nt: Click	to enter	text.						
•			-			1.5			. C		(T
Se	cti	on 9.	Regu Page		entity a	na Pe	rmitted	Site	Inform	ation	(Instructions
A.				tly regul	ated by T	CEQ, pr	ovide the	Regula	ted Entit	y Num	ber (RN) issued to
					Registry at ed by TCE		<u>/www15.t</u>	ceq.tex	as.gov/ci	<u>rpub/</u>	to determine if
B.	Na	me of p	roject or	site (the	name kn	own by	the comm	nunity	where lo	cated):	
	La	Coste W	<u>astewater</u>	Treatme	nt Plant						
C.	Ov	vner of	treatmen	t facility:	City of La	Coste					
	Ov	vnership	of Facil	ity: 🖂	Public		Private		Both		Federal
D.	Ov	vner of l	land whe	re treatn	nent facili	ty is or	will be:				
	Pre	efix: Clic	ck to ente	er text.	Las	t Name	, First Nar	ne: <u>Cit</u> y	of La Cos	ste, Tex	<u>as</u>
	Tit	le: Click	k to enter	text.	Cre	dential	Click to	enter te	ext.		
	Or	ganizati	ion Name	e: <u>City of I</u>	La Coste, T	<u>exas</u>					
	Ma	iling Ac	ldress: <u>P</u>	.O. Box 11	<u>2</u>	(City, State	e, Zip C	ode: <u>La C</u>	oste, Te	exas 78039
	Ph	one No.	: <u>830-985</u>	<u>-9494</u>	E-r	nail Ad	dress: <u>d.r</u>	awlings	@cityoflac	oste-tx	org.
					_		he facility nstruction		or co-ap	plican	t, attach a lease
		Attach	ment: <u>N</u> /	<u>'A</u>							

F.

	Prefix: <u>N/A</u>	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ent	er text.
	Mailing Address: Click to enter t	ext. 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 agreement or deed recorded eas	e person as the facility owner or co-applicant, attach a lease sement. See instructions.
	Attachment: Click to enter to	ext.
F.	Owner sewage sludge disposal sproperty owned or controlled by	ite (if authorization is requested for sludge disposal on the applicant)::
	Prefix: <u>N/A</u>	Last Name, First Name: Click to enter text.
	Title: Click to enter text.	Credential: Click to enter text.
	Organization Name: Click to ent	er text.
	Mailing Address: Click to enter t	ext. 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 agreement or deed recorded eas	e person as the facility owner or co-applicant, attach a lease ement. See instructions.
	Attachment: Click to enter to	ext.
0		
	ection 10. TPDES Dischar	ge Information (Instructions Page 31)
	ection 10. TPDES Dischar	
	ection 10. TPDES Dischar	ge Information (Instructions Page 31)
	Is the wastewater treatment faci Yes No If no, or a new permit application	ge Information (Instructions Page 31)
	ection 10. TPDES Dischar Is the wastewater treatment faci Yes No	ge Information (Instructions Page 31) lity location in the existing permit accurate?
A.	Is the wastewater treatment faci ✓ Yes ✓ No If no, or a new permit application of the content text.	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment faci ✓ Yes □ No If no, or a new permit application Click to enter text. Are the point(s) of discharge and	ge Information (Instructions Page 31) lity location in the existing permit accurate?
A.	Is the wastewater treatment faci ✓ Yes □ No If no, or a new permit application of the content text. Are the point(s) of discharge and wastewater treatment facion of the content text.	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct?
A.	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description:
A.	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the
A.	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the
A.	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the harge route to the nearest classified segment as defined in 30
A.	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the harge route to the nearest classified segment as defined in 30 f La Coste, Texas
А.	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the large route to the nearest classified segment as defined in 30 f La Coste, Texas s/are located: Medina discharge to a city, county, or state highway right-of-way, or
А.	Is the wastewater treatment faci	ge Information (Instructions Page 31) lity location in the existing permit accurate? on, please give an accurate description: d the discharge route(s) in the existing permit correct? permit application, provide an accurate description of the large route to the nearest classified segment as defined in 30 f La Coste, Texas s/are located: Medina discharge to a city, county, or state highway right-of-way, or

E. Owner of effluent disposal site:

	If yes , indicate by a check mark if:
	\square Authorization granted \square 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: $\underline{\text{N/A}}$
Se	ction 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.
_	
В.	City nearest the disposal site: Click to enter text.
	County in which the disposal site is located: Click to enter text.
υ.	For TLAPs , describe the routing of effluent from the treatment facility to the disposal site: Click to enter text.
	Chek to effer 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.
	Tunon hight now it not contained. Chek to enter text.
Se	ction 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.
Se	ection 13. Attachments (Instructions Page 33)
	ection 13. Attachments (Instructions Page 33) dicate which attachments are included with the Administrative Report. Check all that apply:
Inc	dicate 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
Ind	dicate 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.
Ind	dicate 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)

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0010889001

Applicant: City of La Coste

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): <u>Jeremy Johonnett</u>
Signatory title: Mayor
Signature: Date: 1/13/15 (Use blue ink)
Subscribed and Sworn to before me by the said <u>Jeremy Johannett</u> , <u>Mayor</u> on this <u>23</u> day of <u>January</u> , 20 <u>25</u> . My commission expires on the <u>12</u> day of <u>Jure</u> , 20 <u>27</u> .
Notary Public Notary Public Notary ID 124588605 SEAL County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

A.

B.

C.

D.

E.

Section 1. Affected Landowner Information (Instructions Page 36)

Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
☐ The applicant's property boundaries
☐ The facility site boundaries within the applicant's property boundaries
☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
The property boundaries of all landowners surrounding the applicant's property (Note: it 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
☐ 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.
Indicate by a check mark in which format the landowners list is submitted: ☐ USB Drive ☐ Four sets of labels
Provide the source of the landowners' names and mailing addresses: Click to enter text.
As required by <i>Texas Water Code § 5.115</i> , is any permanent school fund land affected by this application?
□ Yes □ No

	If y olano	es, provide the location and foreseeable impacts and effects this application has on the d(s):
	Cli	ck to enter text.
Se	ectio	on 2. Original Photographs (Instructions Page 38)
Pro	ovide	e original ground level photographs. Indicate with checkmarks that the following ation is provided.
		At least one original photograph of the new or expanded treatment unit location
		At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
		At least one photograph of the existing/proposed effluent disposal site
		A plot plan or map showing the location and direction of each photograph
Se	ctio	on 3. Buffer Zone Map (Instructions Page 38)
	Buft info	fer zone map. Provide a buffer zone map on 8.5×11 -inch paper with all of the following brmation. The applicant's property line and the buffer zone line may be distinguished by ag dashes or symbols and appropriate labels.
	•	 The applicant's property boundary; The required buffer zone; and Each treatment unit; and The distance from each treatment unit to the property boundaries.
В.		fer zone compliance method. Indicate how the buffer zone requirements will be met. ck all that apply.
	I	☐ Ownership
	I	☐ Restrictive easement
	I	□ Nuisance odor control
	I	□ Variance
C.		uitable site characteristics. Does the facility comply with the requirements regarding uitable site characteristic found in 30 TAC § 309.13(a) through (d)?
	ļ	□ 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: See Attached

ATTACHMENT 1

INDIVIDUAL INFORMATION

N/A 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) (Required for all application types. Must be completed in its entirety of Note: Form may be signed by applicant representative.)	and s	igned.		Yes
Correct and Current Industrial Wastewater Permit Application Form (TCEQ Form Nos. 10053 and 10054. Version dated 6/25/2018 or late			\boxtimes	Yes
Water Quality Permit Payment Submittal Form (Page 19) (Original payment sent to TCEQ Revenue Section. See instructions for	r mai	iling ad	⊠ dress	Yes
7.5 Minute USGS Quadrangle Topographic Map Attached (Full-size map if seeking "New" permit. 8 ½ x 11 acceptable for Renewals and Amendments)				Yes
Current/Non-Expired, Executed Lease Agreement or Easement	\boxtimes	N/A		Yes
Landowners Map (See instructions for landowner requirements)	\boxtimes	N/A		Yes
 Things to Know: All the items shown on the map must be labeled. The applicant's complete property boundaries must be de- 	elinea	ited wh	ich iı	nclude

- es 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 (See instructions for landowner requirements)	\boxtimes	N/A		Yes
Landowners Labels or USB Drive attached (See instructions for landowner requirements)	\boxtimes	N/A		Yes
Original signature per 30 TAC § 305.44 - Blue Ink Preferred (If signature page is not signed by an elected official or principle exec a copy of signature authority/delegation letter must be attached)	utive	e office	r,	Yes
Plain Language Summary			\boxtimes	Yes



TCEQ Core Data Form

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

SECTION I: General Information

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

☐ New Perm	nit, Registra	ition or Authoriz	ation (<i>Core Dat</i>	ta Form should be	submitted wi	th the progi	ram application.)							
Renewal (Core Data	Form should be	submitted with	the renewal form)	0	Other							
2. Customer F	Reference	Number (if iss	ued)		link to search									
CN 6 006551	79			Central	Registry**	RN 1	RN 101916617							
SECTION	N II:	Custom	er Info	ormation	<u>1</u>									
4. General Customer Information 5. Effective Date for Customer Information Updates (mm/dd/yyyy)														
☐ New Custon	ner		☐ Update to	Customer Informa	ation	Chan	ge in Regulated E	ntity Own	ership					
☐Change in Le	egal Name (Verifiable with	the Texas Secre	tary of State or Te	exas Comptroll	er of Public	Accounts)							
The Customer (SOS) or Texas				ted automatica 4).	illy based on	what is c	urrent and activ	e with th	e Texas Seci	retary of State				
6. Customer L	egal Nam	ie (If an individu	al, print last na	me first: eg: Doe,	John)		If new Custome	r, enter pre	evious Custom	er below:				
City of La Coste	, Texas													
7. TX SOS/CP/	A Filing N	umber	8. TX 9	State Tax ID (11	digits)		9. Federal Tax	ID		Number (if				
			174167	743445		(9 digits)		applicable)						
			27.1207	10 1 10			(5 0.8.0)		024962735	024962735				
11. Type of Cu	ustomer:	□ Cc	rporation			☐ Individ	lual	Partne	rship: 🔲 Gen	eral 🗌 Limited				
Government:	City 🔲 (County 🔲 Feder	ral 🗌 Local 🔲	State 🗌 Other		Sole Pi	roprietorship	Ot	ner:					
12. Number o	of Employ	ees			l.		13. Independe	ently Ow	ned and Ope	erated?				
□ 0-20 □ 2	21-100	101-250	251-500	301 and higher			Yes	⊠ No						
14. Customer	Role (Pro	posed or Actual	– as it relates	to the Regulated E	Entity listed on	this form.	Please check one o	of the follo	wing					
☐Owner ☐Occupationa	Il Licensee	Operator Responsi		Owner & Oper			Othe	r:						
15. Mailing	P.O. Box 112 15. Mailing													
Address:														
Auuress.	City	La Coste		State	TX	ZIP	78039		ZIP + 4					

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16. Country Mailing Info	ormation (if ou	ıtside USA)	2 USA) 17. E-Mail Address (if applicable)						
				mail@cit	yoflacoste-tx	.org			
18. Telephone Number	19. Extension or Code 20. Fax Number (if applicable)								
(830) 985-9494						(830)	762-9431		
ECTION III:	Regula	ated Ent	tity Inform	ation					
21. General Regulated E	ntity Informa	tion (If 'New Reg	gulated Entity" is select	ed, a new pe	ermit applica	tion is also	o required.)		
☐ New Regulated Entity	Update to	Regulated Entity	Name 🔲 Update to	Regulated I	Entity Inform	ation			
The Regulated Entity Na as Inc, LP, or LLC).	ıme submitte	d may be upda	ited, in order to mee	t TCEQ Cor	e Data Stai	ndards (r	emoval of o	rganization	al endings such
22. Regulated Entity Na	me (Enter nam	e of the site whe	re the regulated action	is taking pla	ce.)				
City of La Coste Wastewater	r Treatment Pla	int							
23. Street Address of	11331 Coun	ity Rd 584							
the Regulated Entity:									
(No PO Boxes)	City La Coste		State	TX	ZIP	78039		ZIP + 4	
24. County	Medina	Medina							
		If no Stre	et Address is provide	ed, fields 2	5-28 are re	quired.			
25. Description to									
Physical Location:									
26. Nearest City						State		Nea	rest ZIP Code
La Coste						TX			
Latitude/Longitude are used to supply coordina	-	-	-		ata Standa	ırds. (Ged	ocoding of th	ne Physical	Address may be
27. Latitude (N) In Decin	nal:	29.30916667		28. Lo	ongitude (V	V) In Dec	imal:	98.80416	667
Degrees	Minutes		Seconds	Degre	es		Minutes		Seconds
29		18	33		98				15
29. Primary SIC Code	30.	Secondary SIC	Code		y NAICS Co	de	32. Seco	ndary NAIC	CS Code
(4 digits)	(4 d	igits)		(5 or 6 digit	cs)		(5 or 6 dig	gits)	
4952				22132					
33. What is the Primary	Business of t	his entity? (D	o not repeat the SIC or	NAICS descr	iption.)				
34. Mailing	P .O. Box 12	12							
Address:									

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		City	L a Coste	!	State	TX		ZIP	7 8039	ZIP + 4		
35. E-Mail Ad	E-Mail Address: mail@cityoflacoste-tx.org											
36. Telephon	e Number	·		37	. Extension or C	Code		38. Fa	x Number (if app	licable)		
(8 30) 9 85- 9 49	94							(8 30)	7 62- 9 431			
39. TCEQ Progra form. See the Core			_		rite in the permits	s/registratic	n num	nbers tha	at will be affected b	y the updates su	bmitted on this	
☐ Dam Safety	/	Di	stricts	☐ Ed	wards Aquifer			mission	s Inventory Air	☐ Industria	l Hazardous Waste	
☐ Municipal S	Solid Waste	☐ No Revie	ew Source w Air	os	SF		F	Petroleu	m Storage Tank	☐ PWS	□ PWS	
⊠ Sludge		☐ St	orm Water	Tit	le V Air		П	Tires		Used Oil	Used Oil	
☐ Voluntary (Cleanup	⊠w	astewater	☐ Wa	☐ Wastewater Agriculture		☐ Water Rights		Other:			
SECTION	N T\/- F	N	T	£	- !							
40. Name:	Gregory Bar		rer in	<u> 10rma</u>	ation_	41. Title		Gradua	te Engineer			
42. Telephone	Number	43. Ex	t./Code	44. Fax I	Number	45. E-N	1ail A	ddress				
(210)828-7070	210) 828-7070			(210)82	8-7076	greg@c	opeen	gineerin	gtx.com			
	ire below, I cei	tify, to the l	est of my kn	owledge, th	nat the informatio				true and complete the ID numbers ide		signature authority	
Company:	Cope I	Engineering,	Inc.			Job Title	:	Gradu	ate Engineer			
Name (In Print)	: Grego	ry K. Barfell,	E.I.T.						Phone:	(210)828-70	70	
Signature:	9	reg bo	erfell						Date:	2/24/202	5	

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February 24, 2025

Texas Commission on Environmental Quality Applications Review and Processing Team (MC148) Water Quality Division P.O. Box 13087 Austin, Texas 78711-3087

Re: Application to Renew Permit No. WQ0010889001 Issued to City of La Coste CN 600655179; RN 101916617

Francesca Findlay:

The following responses have been completed in reference to the TCEQ comment letter dated February 6, 2025 (Received February 21, 2025):

1. Administrative Report, 1.0, Section 2, item F: Please verify the expiration date. The permit has the date of August 20, 2025. The application has the expiration date of May 13, 2025.

Administrative Report, 1.0, section 2, Item F, the expiration date has been updated to August 20, 2025.

- 2. Core Data Form, Section III, item 17: Please provide and email address. *The Core Data Form, Section III, Item 17, an email address has been provided.*
- 3. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

The NORI has been reviewed, and it does not contain any errors or omissions.

4. The application indicates that public notices in Spanish are required. After confirming the portion of the NORI above does not contain any errors or omissions, please use the attached template to translate the NORI into Spanish. Only the first and last paragraphs are unique to this application and require translation. Please provide the translated Spanish NORI in a Microsoft Word document.following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

The translated Spanish NORI has been reviewed, and it does not contain any errors or omissions.

If you have any further questions and/or comments, let us know.

Thank You,

Greg Barfell, E.I.T.

Cope Engineering, Inc.

Jun Barfall

Brooke T. Paup, *Chairwoman*Bobby Janecka, *Commissioner*Catarina R. Gonzales, *Commissioner*Kelly Keel, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

February 24, 2025

CERTIFIED MAIL

Mr. Darrell Rawlings City Manager City of La Coste P.O. Box 112 La Coste, Texas 78039

Re: Application to Renew Permit No. WQ0010889001 (EPA I.D. TX0107743)

Issued to City of La Coste CN600655179, RN101916617

Dear Mr. Rawlings:

Our records indicate that we have not received a complete response to the Notice of Deficiency email sent February 6, 2025. The complete response to the Notice of Deficiency was due no later than February 20, 2025.

Applicants are required to respond to the Notice of Deficiency in a timely manner and failure to do so will result in the return of the permit application. If the complete response is not received within 30 days from the date of this letter, the permit application will be removed from our list of pending applications and the permit will be allowed to expire as of August 20, 2025. If you have submitted your response to our requests for information, please disregard this letter.

This is the final notice that will be sent requesting information to administratively complete the application. Please mail a complete response and two copies to the attention of Ms. Francesca Findlay. If you have any questions, please do not hesitate to call me at (512) 239-2191.

Sincerely,

Erika Crespo, Assistant Deputy Director

Erika Crespo

Water Quality Division

EC/em

cc: Mr. Gregory Barfell, E.I.T., Engineer, Cope Engineering, Inc., 8611 Botts Lane, San Antonio, Texas 78217

Francesca Findlay

From: Erwin Madrid

Sent: Monday, February 24, 2025 11:24 AM **To:** d.rawlings@cityoflacoste-tx.org

Cc: greg@copengineeringtx.com; Francesca Findlay

Subject: Application for Permit No. WQ0010889001 – Notice of Deficiency 30-Day Will Return

Letter

Attachments: WQ0010889001_Will Return Ltr.pdf

Importance: High

Follow Up Flag: Follow up Flag Status: Flagged

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on <u>February 24, 2025</u>, requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by <u>March 26, 2025</u>.

Regards,

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



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