



Administrative Package Cover Page

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
-



Portada de Paquete Administrativo

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



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

PERMIT NO. WQ0010914001

APPLICATION. City of Oglesby, 120 Main Street, Oglesby, Texas 76561, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010914001 (EPA I.D. No. TX0100854) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 50,000 gallons per day. The domestic wastewater treatment facility is located at 109 Boone Avenue, in the city of Oglesby, in Coryell County, Texas 76561. The discharge route is from the plant site to an unnamed tributary; thence to Pew Branch; thence to the Leon River Below Proctor Lake. TCEQ received this application on September 17, 2024. The permit application will be available for viewing and copying at Oglesby City Hall, front desk, 120 Main Street, Oglesby, in Coryell County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.513611,31.415833&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 county-wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.**

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from City of Oglesby at the address stated above or by calling Mr. Michael Homan, Wastewater Operator, at 254-749-7810.

Issuance Date: October 18, 2024

Comisión de Calidad Ambiental del Estado de Texas



AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA RENOVACION

PERMISO NO. WQ0010914001

SOLICITUD. City Of Oglesby 120 Main St Oglesby tx 76561. ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0010914001 (EPA I.D. No. TX0100854 del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 50,000 galones por día. La planta está ubicada 109 Boone Ave en el Condado de Coryell, Texas. an descarga hasta un afluente no identificado; de allí a Pew Branch; de allí al río León debajo del lago Proctor. La TCEQ recibió esta solicitud el September 17, 2024. La solicitud para el permiso estará disponible para leerla y copiarla en Oglesby City Hall, front desk, 120 Main Street, Oglesby, in Coryell County, Texas antes de la fecha de publicación de este aviso en el periódico. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.513611,31.415833&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. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas de 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 agregue su nombre en una de las listas designe cual lista(s) y envía 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 Michael Homan a la dirección indicada arriba o llamando a Sr Michael Homan, Wastewater Operator al 254-749-7810.

Fecha de emission: 18 de octubre de 2024



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here 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 Oglesby ([CN600653745](#)) operates CITY OF OGLESBY WWTP (RN101918704), a effluent pond system that has a daily average flow of 50,000 gallons per day. The facility is located at 109 BOONE AVE, in Oglesby, Coryell County, Texas 76561. Application to renew permit. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain ammonia nitrogen, total suspended solids (TSS) and Escherichia coli. Domestic wastewater will be treated by barscreen, stabilization lagoon.

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

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

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

La ciudad de Oglesby (CN600653745) opera la PTAR DE LA CIUDAD DE OGLESBY (RN101918704), un sistema de estanques de efluentes que tiene un flujo promedio diario de 50,000 galones por día. La instalación está ubicada en 109 BOONE AVE, en Oglesby, Condado de Coryell, Texas 76561. Solicitud de renovación de permiso. Este permiso no autorizará una descarga de contaminantes al agua del estado.

Se espera que las descargas de la instalación contengan nitrógeno amoniacal, sólidos suspendidos totales (SST) y Escherichia coli. Las aguas residuales domésticas serán tratadas mediante reja, laguna de estabilización.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
CHECKLIST**

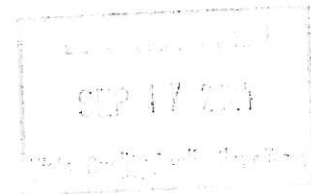
Complete and submit this checklist with the application.

APPLICANT NAME: City of Oglesby

PERMIT NUMBER (If new, leave blank): WQ00 **010914001**

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

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



For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____

Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: Click to enter text. *338*
Check/Money Order Amount: Click to enter text. *315.00*
Name Printed on Check: Click to enter text. *C. H. O. F. Oglesby*

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

- ☒ TPDES Permit
☐ TLAP
☐ TPDES Permit with TLAP component

☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

☐ New

☐ Major Amendment with Renewal

☐ Minor Amendment with Renewal

☐ Major Amendment without Renewal

☐ Minor Amendment without Renewal

☒ Renewal without changes

☐ Minor Modification of permit

e. For amendments or modifications, describe the proposed changes: Click to enter text.

f. For existing permits:

Permit Number: WQ00 **010914001**

EPA I.D. (TPDES only): TX 0100854

Expiration Date: 03-11-2025

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

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

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

City of Oglesby

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal documents forming the entity.)

If the applicant is currently a customer with the TCEQ, what is the Customer Number (CN)?

You may search for your CN on the TCEQ website at <http://www15.tceq.texas.gov/crpub/>

CN: 600653745

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: Michael Homan

Title: Click to enter text.

Credential: ww0075320

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?

Click to enter text.

(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. Click to enter text.

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: Click to enter text.

Last Name, First Name: Michael C Homan

Title: Click to enter text.

Credential: WW0075320

Organization Name: city of oglesby

Mailing Address: 120 main st

City, State, Zip Code: oglesby tx 76561

Phone No.: 2547497810

E-mail Address: homaninnovations@yahoo.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text.

Last Name, First Name: Jenifer T

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: city of oglesby

Mailing Address: 120 main st

City, State, Zip Code: oglesby tx 76561

Phone No.: 2544702944

E-mail Address: jthompson@oglesby-texas.com

Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Click to enter text.

Last Name, First Name: Michael c homan

Title: Click to enter text.

Credential: WW0075320

Organization Name: city of oglesby

Mailing Address: 120 main st

City, State, Zip Code: oglesby tx 76561

Phone No.: 2547497810

E-mail Address: homaninnovations@yahoo.com

B. Prefix: Click to enter text.

Last Name, First Name: Jennifer T

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: city of oglesby

Mailing Address: 120 main st

City, State, Zip Code: oglesby tx 76561

Phone No.: 2544702944

E-mail Address: jthompson@oglesby-texas.com

Section 6. Billing Contact Information (Instructions Page 27)

The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits *in effect on September 1 of each year*. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (using form TCEQ-7 0029).

Prefix: Click to enter text. Last Name, First Name: Jennifer thompson
Title: Click to enter text. Credential: Click to enter text.
Organization Name: city of oglesby
Mailing Address: 120 main st City, State, Zip Code: oglesby tx 76561
Phone No.: 2544702944 E-mail Address: JTHOMPSON@OGLESBY-TEXAS.COM

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

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

Prefix: Click to enter text. Last Name, First Name: Michael homan
Title: Click to enter text. Credential: WW0075320
Organization Name: Click to enter text.
Mailing Address: 120 main st City, State, Zip Code: oglesby tx 76561
Phone No.: 2547497810 E-mail Address: homaninnovations@yahoo.com

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Click to enter text. Last Name, First Name: Jennifer thompson
Title: Click to enter text. Credential: Click to enter text.
Organization Name: city of oglesby
Mailing Address: 120 main st City, State, Zip Code: oglesby tx 76561
Phone No.: 2544702944 E-mail Address: jthompson@oglesby-texas.com

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

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

- ☒ E-mail Address
☐ Fax
☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text. Last Name, First Name: Michael homan
Title: Click to enter text. Credential: WW0075320

Organization Name: Click to enter text.

Mailing Address: 120 main st

City, State, Zip Code: oglesby tx 76561

Phone No.: 2547497810

E-mail Address: homaninnovations@yahoo.com

D. Public Viewing Information

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

Public building name: city hall

Location within the building: Desk/front door

Physical Address of Building: 120 main st

City: oglesby tx 76561

County: corvell

Contact (Last Name, First Name): homan michael

Phone No.: 2547497810 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

5. If the answer is **yes** to **question 1, 2, 3, or 4**, public notices in an alternative language are required. Which language is required by the bilingual program? A language is not required for the program. TEA requires all schools to have an English as a second language program that offers students academic and language supports to ensure students attain English proficiency and develop high levels of academic achievement in English.

F. Plain Language Summary Template

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

Attachment: Click to enter text.

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

- A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. RN RN101918704

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

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

109 boone st

- C. Owner of treatment facility: city of oglesby

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

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

Prefix: Click to enter text.

Last Name, First Name: city of oglesby

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: city of oglesby

Mailing Address: 120 main st

City, State, Zip Code: oglesby tx 76561

Phone No.: 2544702944

E-mail Address: jthompson@oglesby-texas.com

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

Attachment: Click to enter text.

- E. Owner of effluent disposal site:

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: Click to enter text.

Mailing Address: Click to enter text.

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

Phone No.: Click to enter text.

E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

B. Are the point(s) of discharge and the discharge route(s) in the existing permit correct?

☒ Yes ☐ No

If **no**, or a new or amendment permit application, provide an accurate description of the point of discharge and the discharge route to the nearest classified segment as defined in 30 TAC Chapter 307:

Click to enter text.

City nearest the outfall(s): oglesby

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☒ Yes ☐ No

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

Click to enter text.

B. City nearest the disposal site: Click to enter text.

C. County in which the disposal site is located: Click to enter text.

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

- ☐ Lease agreement or deed recorded easement, if the land where the treatment facility is located or the effluent disposal site are not owned by the applicant or co-applicant.
- ☒ Original full-size USGS Topographic Map with the following information:
 - Applicant's property boundary
 - Treatment facility boundary
 - Labeled point of discharge for each discharge point (TPDES only)
 - Highlighted discharge route for each discharge point (TPDES only)
 - Onsite sewage sludge disposal site (if applicable)
 - Effluent disposal site boundaries (TLAP only)
 - New and future construction (if applicable)
 - 1 mile radius information
 - 3 miles downstream information (TPDES only)
 - All ponds.
- ☐ Attachment 1 for Individuals as co-applicants
- ☐ Other Attachments. Please specify: Click to enter text.



Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text.

Applicant: Click to enter text.

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): Click to enter text. *Pick*

Signatory title: Click to enter text.

Signature: *Pick* Date: 9/11/24
(Use blue ink)

Subscribed and Sworn to before me by the said *Pick*
on this September day of 10th, 2024.
My commission expires on the 09 day of 07, 2026.

Jennifer Dawn Thompson
Notary Public

Concho County
County, Texas



DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications

Section 1. Affected Landowner Information (Instructions Page 36)

- A. Indicate by a check mark that the landowners map or drawing, with scale, includes the following information, as applicable:
- ☒ The applicant's property boundaries
 - ☒ The facility site boundaries within the applicant's property boundaries
 - ☒ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone
 - ☐ The property boundaries of all landowners surrounding the applicant's property (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides
 - ☐ The boundaries of the effluent disposal site (for example, irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property
 - ☐ The property boundaries of all landowners surrounding the effluent disposal site
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners surrounding the applicant's property boundaries where the sewage sludge land application site is located
 - ☒ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (for example, sludge surface disposal site or sludge monofill) is located
- B. ☐ Indicate by a check mark that a separate list with the landowners' names and mailing addresses cross-referenced to the landowner's map has been provided.
- C. Indicate by a check mark in which format the landowners list is submitted:
- ☐ USB Drive
 - ☐ Four sets of labels
- D. Provide the source of the landowners' names and mailing addresses: Coryell Cad
- E. As required by *Texas Water Code § 5.115*, is any permanent school fund land affected by this application?
- ☐ Yes
 - ☒ No

If **yes**, provide the location and foreseeable impacts and effects this application has on the

land(s):

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

- ☒ Yes ☐ No

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

Driver's License or State Identification Number: 16412606

Date of Birth: 01281988

Mailing Address: 103 mooney ave

City, State, and Zip Code: oglesby tc 76561

Phone Number: 2547497810 Fax Number: Click to enter text.

E-mail Address: homaninnovations@yahoo.com

CN: CN600653745

For Commission Use Only:

Customer Number:

Regulated Entity Number:

Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

7.5 Minute USGS Quadrangle Topographic Map Attached ☐ Yes
(Full-size map if seeking "New" permit.
8 1/2 x 11 acceptable for Renewals and Amendments)

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

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

Things to Know:

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

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

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

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

Plain Language Summary ☒ Yes



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

A. Existing/Interim I Phase

Design Flow (MGD): Click to enter text. .05
2-Hr Peak Flow (MGD): Click to enter text. .02
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): Click to enter text.
2-Hr Peak Flow (MGD): Click to enter text.
Estimated construction start date: Click to enter text.
Estimated waste disposal start date: Click to enter text.

D. Current Operating Phase

Provide the startup date of the facility: Click to enter text.

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.**

Click to enter text.

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) |
|---------------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

C. Process Flow Diagram

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

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

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

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

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

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

- Latitude: [n/a](#)
- Longitude: [n/a](#)

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

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

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

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

Click to enter text.

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

Collection System Information

| Collection System Name | Owner Name | Owner Type | Population Served |
|------------------------|------------|-----------------|-------------------|
| | | Choose an item. | |
| | | Choose an item. | |
| | | Choose an item. | |
| | | Choose an item. | |

Section 4. Unbuilt Phases (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 5. Closure Plans (Instructions Page 45)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

Click to enter text.

Section 6. Permit Specific Requirements (Instructions Page 45)

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

A. Summary transmittal

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

☐ Yes ☒ No

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

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

Describe below how the grit and grease waste is treated at the facility. In your description, include how and where the grit and grease is introduced to the treatment works and how it is separated or processed. Provide a flow diagram showing how grit and grease is processed at the facility.

Click to enter text.

3. Grit disposal

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

☐ Yes ☒ No

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

Describe the method of grit disposal.

Click to enter text.

4. Grease and decanted liquid disposal

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

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

Click to enter text.

E. Stormwater management

1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. MSGP coverage

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

☐ Yes ☒ No

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

TXR05 Click to enter text. or TXRNE Click to enter text.

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

☐ Yes ☒ No

3. Conditional exclusion

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

☐ Yes ☒ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☒ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☒ No

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

Click to enter text.

Note: If there is a potential to discharge any stormwater to surface water in the state as the result of any storm event, then permit coverage is required under the MSGP or an individual discharge permit. This requirement applies to all areas of facilities with treatment plants or systems that treat, store, recycle, or reclaim domestic sewage, wastewater or sewage sludge (including dedicated lands for sewage sludge disposal located within the onsite property boundaries) that meet the applicability criteria of above. You have the option of obtaining coverage under the MSGP for direct discharges, (recommended), or obtaining coverage under this individual permit.

6. Request for coverage in individual permit

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

☐ Yes ☒ No

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

intend to divert stormwater to the treatment plant headworks and indirectly discharge it to water in the state.

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

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 BOD₅ concentration of the septic waste, and the design BOD₅ concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

| Pollutant | Average Conc. | Max Conc. | No. of Samples | Sample Type | Sample Date/Time |
|------------------------------|---------------|-----------|----------------|-------------|------------------|
| CBOD ₅ , mg/l | 18 | - | 1 | GRAB | 8/28/24 7:46 |
| Total Suspended Solids, mg/l | 34 | - | 1 | GRAB | 8/28/24 7:46 |
| Ammonia Nitrogen, mg/l | 0.90 | - | 1 | GRAB | 8/28/24 7:46 |
| Nitrate Nitrogen, mg/l | <0.40 | - | 1 | GRAB | 8/28/24 7:46 |

| | | | | | |
|----------------------------------------|------|---|---|------|--------------|
| Total Kjeldahl Nitrogen, mg/l | 7.91 | - | 1 | GRAB | 8/28/24 7:46 |
| Sulfate, mg/l | 114 | - | 1 | GRAB | 8/28/24 7:46 |
| Chloride, mg/l | 108 | - | 1 | GRAB | 8/28/24 7:46 |
| Total Phosphorus, mg/l | 2.04 | - | 1 | GRAB | 8/28/24 7:46 |
| pH, standard units | 8.8 | - | 1 | GRAB | 8/28/24 7:46 |
| Dissolved Oxygen*, mg/l | 3.6 | - | 1 | GRAB | 8/28/24 7:46 |
| Chlorine Residual, mg/l | 0.0 | - | 1 | GRAB | 8/28/24 7:46 |
| E.coli (CFU/100ml) freshwater | 39 | - | 1 | GRAB | 8/28/24 7:46 |
| Enterococci (CFU/100ml) saltwater | - | - | - | - | - |
| Total Dissolved Solids, mg/l | 890 | - | 1 | GRAB | 8/28/24 7:46 |
| Electrical Conductivity, umohs/cm, † | 1400 | - | 1 | GRAB | 8/28/24 7:46 |
| Oil & Grease, mg/l | <7 | - | 1 | GRAB | 8/28/24 7:46 |
| Alkalinity (CaCO ₃)*, mg/l | 328 | - | 1 | GRAB | 8/28/24 7:46 |

*TPDES permits only

†TLAP permits only

Table 1.5(2) - Pollutant Analysis for Water Treatment Facilities

| Parameter | 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: Michael C Homan

Facility Operator's License Classification and Level: WW01-66517

Facility Operator's License Number: WW0075320

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

☐ Design flow >= 1 MGD

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

A. WWTP's Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

C. Biosolids Management

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

Biosolids Management

| Management Practice | Handler or Preparer Type | Bulk or Bag Container | Amount (dry metric tons) | Pathogen Reduction Options | Vector Attraction Reduction Option |
|---------------------|--------------------------|-----------------------|--------------------------|---------------------------------------|------------------------------------|
| Choose an item. | Choose an item. | Not Applicable | | Class B: PSRP Aerobic Digestion | 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): [Click to enter text.](#)

D. Disposal site

Disposal site name: [Click to enter text.](#)

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

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

E. Transportation method

Method of transportation (truck, train, pipe, other): [Click to enter text.](#)

Name of the hauler: [Click to enter text.](#)

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

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

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

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

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

Click to enter text.

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

Click to enter text.

D. Site development plan

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

Click to enter text.

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions)

A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

Section 13. RCRA/CERCLA Wastes (Instructions Page 55)**A. RCRA hazardous wastes**

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

☐ Yes ☒ No

B. Remediation activity wastewater

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

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Serissa Beck, EML

Title: General Manager

Signature: _____

Date: _____

☐ Yes ☒ No

C. Details about wastes received

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

Attachment: Click to enter text.

Section 14. Laboratory Accreditation (Instructions Page 56)

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

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

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

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

CERTIFICATION:

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

Printed Name: Michael Choman

Title: Click to enter text.

Signature: _____

Date: _____

DOMESTIC WASTEWATER PERMIT APPLICATION

TECHNICAL REPORT 1.1

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

Section 1. Justification for Permit (Instructions Page 57)

A. Justification of permit need

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

Click to enter text.

B. Regionalization of facilities

For additional guidance, please review TCEQ's Regionalization Policy for Wastewater Treatment¹.

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

1. *Municipally incorporated areas*

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

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

☐ Yes ☐ No ☐ Not Applicable

If yes, within the city limits of: Click to enter text.

If yes, attach correspondence from the city.

Attachment: Click to enter text.

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

Attachment: Click to enter text.

2. *Utility CCN areas*

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

☐ Yes ☒ No

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

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

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

3. *Nearby WWTPs or collection systems*

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

☐ Yes ☒ No

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

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

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

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

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

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

Section 2. Proposed Organic Loading (Instructions Page 59)

Is this facility in operation?

☒ Yes ☐ No

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

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

A. Current organic loading

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

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

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

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

[Click to enter text.](#)

B. Proposed organic loading

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

Table 1.1(1) – Design Organic Loading

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

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

A. Existing/Interim I Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

B. Interim II Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

C. Final Phase Design Effluent Quality

Biochemical Oxygen Demand (5-day), mg/l: [Click to enter text.](#)

Total Suspended Solids, mg/l: [Click to enter text.](#)

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

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

Dissolved Oxygen, mg/l: [Click to enter text.](#)

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

D. Disinfection Method

Identify the proposed method of disinfection.

- ☐ Chlorine: [Click to enter text.](#) mg/l after [Click to enter text.](#) minutes detention time at peak flow

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

- ☐ Ultraviolet Light: [Click to enter text.](#) seconds contact time at peak flow
- ☐ Other: [Click to enter text.](#)

Section 4. Design Calculations (Instructions Page 59)

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

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

Section 5. Facility Site (Instructions Page 60)

A. 100-year floodplain

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

☒ Yes ☐ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

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

B. Wind rose

Attach a wind rose: [waco_apr_windrose](#)

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

B. Sludge processing authorization

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

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

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

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

Attach a solids management plan to the application.

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

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

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

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

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

☐ Yes ☒ No

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

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

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

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

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

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

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

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

B. Oyster waters

Are there oyster waters in the vicinity of the discharge?

☐ Yes ☒ No

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

[Click to enter text.](#)

C. Sea grasses

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

☐ Yes ☒ No

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

[Click to enter text.](#)

Section 3. Classified Segments (Instructions Page 64)

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

☐ Yes ☒ No

If yes, this Worksheet is complete.

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

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

Name of the immediate receiving waters: [Click to enter text.](#)

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: [Click to enter text.](#)

Average depth of the entire water body, in feet: [Click to enter text.](#)

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

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

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

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

C. Downstream perennial confluences

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

Click to enter text.

D. Downstream characteristics

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

☐ Yes ☐ No

If yes, discuss how.

Click to enter text.

E. Normal dry weather characteristics

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

Click to enter text.

Date and time of observation: 8/25/24

Was the water body influenced by stormwater runoff during observations?

☒ Yes ☒ No

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

A. Upstream influences

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

- | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Oil field activities | <input type="checkbox"/> Urban runoff |
| <input checked="" type="checkbox"/> Upstream discharges | <input type="checkbox"/> Agricultural runoff |
| <input type="checkbox"/> Septic tanks | <input type="checkbox"/> Other(s), specify: <u>Click to enter text.</u> |

B. Waterbody uses

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

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

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.1: STREAM PHYSICAL CHARACTERISTICS

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

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

Section 1. General Information (Instructions Page 66)

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

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

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

Type of stream upstream of existing discharge or downstream of proposed discharge (check one).

☐ Perennial ☐ Intermittent with perennial pools

Section 2. Data Collection (Instructions Page 66)

Number of stream bends that are well defined: [Click to enter text.](#)

Number of stream bends that are moderately defined: [Click to enter text.](#)

Number of stream bends that are poorly defined: [Click to enter text.](#)

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

Evidence of flow fluctuations (check one):

☐ Minor ☐ moderate ☐ severe

Indicate the observed stream uses and if there is evidence of flow fluctuations or channel obstruction/modification.

[Click to enter text.](#)

Stream transects

In the table below, provide the following information for each transect downstream of the existing or proposed discharges. Use a separate row for each transect.

Table 2.1(1) - Stream Transect Records

| Stream type at transect Select riffle, run, glide, or pool. See Instructions, Definitions section. | Transect location | Water surface width (ft) | Stream depths (ft) at 4 to 10 points along each transect from the channel bed to the water surface. Separate the measurements with commas. |
|-------------------------------------------------------------------------------------------------------|-------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |
| Choose an item. | | | |

Section 3. Summarize Measurements (Instructions Page 66)

Streambed slope of entire reach, from USGS map in feet/feet: [Click to enter text.](#)

Approximate drainage area above the most downstream transect (from USGS map or county highway map, in square miles): [Click to enter text.](#)

Length of stream evaluated, in feet: [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width, in feet: [Click to enter text.](#)

Average stream depth, in feet: [Click to enter text.](#)

Average stream velocity, in feet/second: [Click to enter text.](#)

Instantaneous stream flow, in cubic feet/second: [Click to enter text.](#)

Indicate flow measurement method (type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

Size of pools (large, small, moderate, none): [Click to enter text.](#)

Maximum pool depth, in feet: [Click to enter text.](#)

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 68)

Identify the method of land disposal:

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

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

For existing authorizations, provide Registration Number: [Click to enter text.](#)

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

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

Table 3.0(1) – Land Application Site Crops

| Crop Type & Land Use | Irrigation Area (acres) | Effluent Application (GPD) | Public Access? Y/N |
|----------------------|-------------------------|----------------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Table 3.0(2) – Storage and Evaporation Ponds

| Pond Number | Surface Area (acres) | Storage Volume (acre-feet) | Dimensions | Liner Type |
|-------------|----------------------|----------------------------|------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

Section 4. Flood and Runoff Protection (Instructions Page 68)

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

[Click to enter text.](#)

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

[Click to enter text.](#)

Section 5. Annual Cropping Plan (Instructions Page 68)

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

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

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

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** [Click to enter text.](#)

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

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

Table 3.0(3) – Water Well Data

| Well ID | Well Use | Producing? Y/N | Open, cased, capped, or plugged? | Proposed Best Management Practice |
|---------|----------|-------------------|-------------------------------------|--------------------------------------|
| | | | Choose an item. | |
| | | | Choose an item. | |
| | | | Choose an item. | |
| | | | Choose an item. | |
| | | | Choose an item. | |

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

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

Section 7. Groundwater Quality (Instructions Page 69)

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

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

Are groundwater monitoring wells available onsite? ☐ Yes ☒ No

Do you plan to install ground water monitoring wells or lysimeters around the land application site? ☐ Yes ☒ No

If yes, provide the proposed location of the monitoring wells or lysimeters on a site map.

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

Section 8. Soil Map and Soil Analyses (Instructions Page 70)

A. Soil map

Attach a USDA Soil Survey map that shows the area to be used for effluent disposal.

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

B. Soil analyses

Attach the laboratory results sheets from the soil analyses. **Note:** for renewal applications, the current annual soil analyses required by the permit are acceptable as long as the test date is less than one year prior to the submission of the application.

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

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

Table 3.0(4) – Soil Data

| Soil Series | Depth from Surface | Permeability | Available Water Capacity | Curve Number |
|-------------|--------------------|--------------|--------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Section 9. Effluent Monitoring Data (Instructions Page 71)

Is the facility in operation?

☒ Yes ☐ No

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

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

Table 3.0(5) – Effluent Monitoring Data

[illegible]

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND DISPOSAL OF EFFLUENT

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

Section 1. Surface Disposal (Instructions Page 72)

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

A. Irrigation

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

Design application frequency:

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

Land grade (slope):

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

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

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

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

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

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

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

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

B. Evaporation ponds

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

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

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

C. Evapotranspiration beds

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

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

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

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

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

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

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

D. Overland flow

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

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

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

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

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

Design application frequency:

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

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

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

Section 2. Edwards Aquifer (Instructions Page 73)

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SURFACE LAND DISPOSAL OF EFFLUENT

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

NOTE: All applicants proposing new/amended subsurface disposal **MUST** complete and submit Worksheet 7.0. This worksheet applies to any subsurface disposal system that **does not meet** the definition of a subsurface area drip dispersal system as defined in *30 TAC Chapter 222, Subsurface Area Drip Dispersal System*.

Section 1. Subsurface Application (Instructions Page 74)

Identify the type of system:

- ☐ Conventional Gravity Drainfield, Beds, or Trenches (new systems must be less than 5,000 GPD)
- ☐ Low Pressure Dosing
- ☐ Other, specify: [Click to enter text.](#)

Application area, in acres: [Click to enter text.](#)

Area of drainfield, in square feet: [Click to enter text.](#)

Application rate, in gal/square foot/day: [Click to enter text.](#)

Depth to groundwater, in feet: [Click to enter text.](#)

Area of trench, in square feet: [Click to enter text.](#)

Dosing duration per area, in hours: [Click to enter text.](#)

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

Dosing amount per area, in inches/day: [Click to enter text.](#)

Infiltration rate, in inches/hour: [Click to enter text.](#)

Storage volume, in gallons: [Click to enter text.](#)

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

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

Attach a separate engineering report with the information required in *30 TAC § 309.20*, excluding the requirements of § 309.20 b(3)(A) and (B) design analysis which may be asked for on a case by case basis. Include a description of the schedule of dosing basin rotation.

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

Section 2. Edwards Aquifer (Instructions Page 74)

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION

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

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

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

Section 1. Administrative Information (Instructions Page 75)

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

B. Click to enter text. Is the owner of the land where the treatment facility is located the same as the owner of the treatment facility?

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the treatment facility is located.

Click to enter text.

C. Owner of the subsurface area drip dispersal system: Click to enter text.

D. Is the owner of the subsurface area drip dispersal system the same as the owner of the wastewater treatment facility or the site where the wastewater treatment facility is located?

☐ Yes ☐ No

If **no**, identify the names of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.C.

Click to enter text.

E. Owner of the land where the subsurface area drip dispersal system is located: Click to enter text.

F. Is the owner of the land where the subsurface area drip dispersal system is located the same as owner of the wastewater treatment facility, the site where the wastewater treatment facility is located, or the owner of the subsurface area drip dispersal system?

☐ Yes ☐ No

If **no**, identify the name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.E.

Click to enter text.

Section 2. Subsurface Area Drip Dispersal System (Instructions Page

A. Type of system

- ☐ Subsurface Drip Irrigation
- ☐ Surface Drip Irrigation
- ☐ Other, specify: Click to enter text.

B. Irrigation operations

Application area, in acres: Click to enter text.

Infiltration Rate, in inches/hour: Click to enter text.

Average slope of the application area, percent (%): Click to enter text.

Maximum slope of the application area, percent (%): Click to enter text.

Storage volume, in gallons: Click to enter text.

Major soil series: Click to enter text.

Depth to groundwater, in feet: Click to enter text.

C. Application rate

Is the facility located **west** of the boundary shown in *30 TAC § 222.83* **and** also using a vegetative cover of non-native grasses over seeded with cool season grasses during the winter months (October-March)?

☐ Yes ☐ No

If **yes**, then the facility may propose a hydraulic application rate not to exceed 0.1 gal/square foot/day.

Is the facility located **east** of the boundary shown in *30 TAC § 222.83* **or** in any part of the state when the vegetative cover is any crop other than non-native grasses?

☐ Yes ☐ No

If **yes**, the facility must use the formula in *30 TAC §222.83* to calculate the maximum hydraulic application rate.

Do you plan to submit an alternative method to calculate the hydraulic application rate for approval by the executive director?

☐ Yes ☐ No

Hydraulic application rate, in gal/square foot/day: Click to enter text.

Nitrogen application rate, in lbs/gal/day: Click to enter text.

D. Dosing information

Number of doses per day: Click to enter text.

Dosing duration per area, in hours: Click to enter text.

Rest period between doses, in hours: Click to enter text.

Dosing amount per area, in inches/day: Click to enter text.

Number of zones: Click to enter text.

Does the proposed subsurface drip irrigation system use tree vegetative cover as a crop?

☐ Yes ☐ No

If **yes**, provide a vegetation survey by a certified arborist. Please call the Water Quality Assessment Team at (512) 239-4671 to schedule a pre-application meeting.

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

Section 3. Required Plans (Instructions Page 75)

A. Recharge feature plan

Attach a Recharge Feature Plan with all information required in *30 TAC §222.79*.

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

B. Soil evaluation

Attach a Soil Evaluation with all information required in *30 TAC §222.73*.

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

C. Site preparation plan

Attach a Site Preparation Plan with all information required in *30 TAC §222.75*.

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

D. Soil sampling/testing

Attach soil sampling and testing that includes all information required in *30 TAC §222.157*.

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

Section 4. Floodway Designation (Instructions Page 76)

A. Site location

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

☐ Yes ☐ No

B. Flood map

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

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

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

A. Buffer Map

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

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

B. Buffer variance request

Do you plan to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If yes, then attach the additional information required in 30 TAC § 222.81(c).

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

Section 6. Edwards Aquifer (Instructions Page 76)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: POLLUTANT ANALYSIS REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Toxic Pollutants (Instructions Page 78)

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

Grab ☐ Composite ☐

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

Table 4.0(1) – Toxics Analysis

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

| Pollutant | AVG Effluent Conc. (µg/l) | MAX Effluent Conc. (µg/l) | Number of Samples | MAL (µg/l) |
|------------------------|---------------------------------|---------------------------------|----------------------|---------------|
| Chloroform | | | | 10 |
| Chlorpyrifos | | | | 0.05 |
| Chromium (Total) | | | | 3 |
| Chromium (Tri) (*1) | | | | N/A |
| Chromium (Hex) | | | | 3 |
| Copper | | | | 2 |
| Chrysene | | | | 5 |
| p-Chloro-m-Cresol | | | | 10 |
| 4,6-Dinitro-o-Cresol | | | | 50 |
| p-Cresol | | | | 10 |
| Cyanide (*2) | | | | 10 |
| 4,4'- DDD | | | | 0.1 |
| 4,4'- DDE | | | | 0.1 |
| 4,4'- DDT | | | | 0.02 |
| 2,4-D | | | | 0.7 |
| Demeton (O and S) | | | | 0.20 |
| Diazinon | | | | 0.5/0.1 |
| 1,2-Dibromoethane | | | | 10 |
| m-Dichlorobenzene | | | | 10 |
| o-Dichlorobenzene | | | | 10 |
| p-Dichlorobenzene | | | | 10 |
| 3,3'-Dichlorobenzidine | | | | 5 |
| 1,2-Dichloroethane | | | | 10 |
| 1,1-Dichloroethylene | | | | 10 |
| Dichloromethane | | | | 20 |
| 1,2-Dichloropropane | | | | 10 |
| 1,3-Dichloropropene | | | | 10 |
| Dicofol | | | | 1 |
| Dieldrin | | | | 0.02 |
| 2,4-Dimethylphenol | | | | 10 |
| Di-n-Butyl Phthalate | | | | 10 |
| Diuron | | | | 0.09 |
| Endosulfan I (alpha) | | | | 0.01 |
| Endosulfan II (beta) | | | | 0.02 |

| Pollutant | AVG Effluent Conc. (µg/l) | MAX Effluent Conc. (µg/l) | Number of Samples | MAL (µg/l) |
|------------------------------------------|---------------------------------|---------------------------------|----------------------|---------------|
| Endosulfan Sulfate | | | | 0.1 |
| Endrin | | | | 0.02 |
| Ethylbenzene | | | | 10 |
| Fluoride | | | | 500 |
| Guthion | | | | 0.1 |
| Heptachlor | | | | 0.01 |
| Heptachlor Epoxide | | | | 0.01 |
| Hexachlorobenzene | | | | 5 |
| Hexachlorobutadiene | | | | 10 |
| Hexachlorocyclohexane (alpha) | | | | 0.05 |
| Hexachlorocyclohexane (beta) | | | | 0.05 |
| gamma-Hexachlorocyclohexane (Lindane) | | | | 0.05 |
| Hexachlorocyclopentadiene | | | | 10 |
| Hexachloroethane | | | | 20 |
| Hexachlorophene | | | | 10 |
| Lead | | | | 0.5 |
| Malathion | | | | 0.1 |
| Mercury | | | | 0.005 |
| Methoxychlor | | | | 2 |
| Methyl Ethyl Ketone | | | | 50 |
| Mirex | | | | 0.02 |
| Nickel | | | | 2 |
| Nitrate-Nitrogen | | | | 100 |
| Nitrobenzene | | | | 10 |
| N-Nitrosodiethylamine | | | | 20 |
| N-Nitroso-di-n-Butylamine | | | | 20 |
| Nonylphenol | | | | 333 |
| Parathion (ethyl) | | | | 0.1 |
| Pentachlorobenzene | | | | 20 |
| Pentachlorophenol | | | | 5 |
| Phenanthrene | | | | 10 |
| Polychlorinated Biphenyls (PCB's) (*3) | | | | 0.2 |
| Pyridine | | | | 20 |

| Pollutant | AVG Effluent Conc. (µg/l) | MAX Effluent Conc. (µg/l) | Number of Samples | MAL (µg/l) |
|---------------------------------------------------|---------------------------------|---------------------------------|----------------------|---------------|
| Selenium | | | | 5 |
| Silver | | | | 0.5 |
| 1,2,4,5-Tetrachlorobenzene | | | | 20 |
| 1,1,2,2-Tetrachloroethane | | | | 10 |
| Tetrachloroethylene | | | | 10 |
| Thallium | | | | 0.5 |
| Toluene | | | | 10 |
| Toxaphene | | | | 0.3 |
| 2,4,5-TP (Silvex) | | | | 0.3 |
| Tributyltin (see instructions for explanation) | | | | 0.01 |
| 1,1,1-Trichloroethane | | | | 10 |
| 1,1,2-Trichloroethane | | | | 10 |
| Trichloroethylene | | | | 10 |
| 2,4,5-Trichlorophenol | | | | 50 |
| TTHM (Total Trihalomethanes) | | | | 10 |
| Vinyl Chloride | | | | 10 |
| Zinc | | | | 5 |

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

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

(*3) The sum of seven PCB congeners 1242, 1254, 1221, 1232, 1248, 1260, and 1016.

Section 2. Priority Pollutants

For pollutants identified in Tables 4.0(2)A-E, indicate type of sample.

Grab ☐ Composite ☐

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

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

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

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

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

Table 4.0(2)B – Volatile Compounds

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

Table 4.0(2)C – Acid Compounds

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

Table 4.0(2)D – Base/Neutral Compounds

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

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

Table 4.0(2)E - Pesticides

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

* For PCBs, if all are non-detects, enter the highest non-detect preceded by a "<".

Section 3. Dioxin/Furan Compounds

A. Indicate which of the following compounds from may be present in the influent from a contributing industrial user or significant industrial user. Check all that apply.

- ☐ 2,4,5-trichlorophenoxy acetic acid
Common Name 2,4,5-T, CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid
Common Name Silvex or 2,4,5-TP, CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate
Common Name Erbon, CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate
Common Name Ronnel, CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol
Common Name TCP, CASRN 95-95-4
- ☐ hexachlorophene
Common Name HCP, CASRN 70-30-4

For each compound identified, provide a brief description of the conditions of its/their presence at the facility.

Click to enter text.

B. Do you know or have any reason to believe that 2,3,7,8 Tetrachlorodibenzo-P-Dioxin (TCDD) or any congeners of TCDD may be present in your effluent?

☐ Yes ☐ No

If **yes**, provide a brief description of the conditions for its presence.

Click to enter text.

C. If any of the compounds in Subsection A or B are present, complete Table 4.0(2)F.

For pollutants identified in Table 4.0(2)F, indicate the type of sample.

Grab ☐ Composite ☐

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

Table 4.0(2)F – Dioxin/Furan Compounds

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

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: TOXICITY TESTING REQUIREMENTS

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

This worksheet is not required minor amendments without renewal.

Section 1. Required Tests (Instructions Page 88)

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

7-day Chronic: [Click to enter text.](#)

48-hour Acute: [Click to enter text.](#)

Section 2. Toxicity Reduction Evaluations (TREs)

Has this facility completed a TRE in the past four and a half years? Or is the facility currently performing a TRE?

☐ Yes ☐ No

If yes, describe the progress to date, if applicable, in identifying and confirming the toxicant.

[Click to enter text.](#)

Section 3. Summary of WET Tests

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

Table 5.0(1) Summary of WET Tests

| Test Date | Test Species | NOEC Survival | NOEC Sub-lethal |
|-----------|--------------|---------------|-----------------|
| | | | |
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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: [Click to enter text.](#)

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

Significant IUs – non-categorical:

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

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

Other IUs:

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

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

B. Treatment plant interference

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

☐ Yes ☐ No

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

[Click to enter text.](#)

C. Treatment plant pass through

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

☐ Yes ☐ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☐ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☐ No

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

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

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

A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

| Pollutant | Concentration | MAL | Units | Date |
|-----------|---------------|-----|-------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

Section 3. Significant Industrial User (SIU) Information and

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: [Click to enter text.](#)

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: Click to enter text.

Click or tap here to enter text. Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

Category: Click to enter text.

Subcategories: Click to enter text.

F. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

WORKSHEET 7.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

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

For TCEQ Use Only

Reg. No. _____

Date Received _____

Date Authorized _____

Section 1. General Information (Instructions Page 92)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

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

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

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

2. Agent/Consultant Contact Information

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

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

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

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

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

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

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

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

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

4. Facility Contact Information

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

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

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

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

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

5. Latitude and Longitude, in degrees-minutes-seconds

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

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

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

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

7. Purpose

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. Water Well Driller/Installer

Water Well Driller/Installer Name: [Click to enter text.](#)

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

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

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

Section 2. Proposed Down Hole Design

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

Table 7.0(1) – Down Hole Design Table

| Name of String | Size | Setting Depth | Sacks Cement/Grout – Slurry Volume – Top of Cement | Hole Size | Weight (lbs/ft) PVC/Steel |
|----------------|------|---------------|----------------------------------------------------|-----------|---------------------------|
| Casing | | | | | |
| Tubing | | | | | |
| Screen | | | | | |

Section 3. Proposed Trench System, Subsurface Fluid Distribution

System, or Infiltration Gallery

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

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

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

Section 4. Site Hydrogeological and Injection Zone Data

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

Section 5. Site History

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

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

Class V Injection Well Designations

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



TCEQ Core Data Form

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

SECTION I: General Information

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) | | |
| <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | | <input type="checkbox"/> Other |
| 2. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN 600653745 | | RN 101918704 |

SECTION II: Customer Information

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------|---------------------------------|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | |
| <input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership | | | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | | |
| The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA). | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | If new Customer, enter previous Customer below: | |
| City of Oglesby Texas | | | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| | 75-2176357 | | |
| 11. Type of Customer: | | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited | |
| <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> City | | <input type="checkbox"/> Individual | |
| Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: | |
| 12. Number of Employees | | 13. Independently Owned and Operated? | |
| <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input checked="" type="checkbox"/> Other: | | | |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | |
| 15. Mailing Address: PO BOX 120 Main Street | | | |
| City: Oglesby | | State: TX | ZIP: 75001 |
| ZIP + 4: | | | |
| 16. Country Mailing Information (if outside USA) | | 17. E-Mail Address (if applicable) | |
| | | | |
| 18. Telephone Number | | 19. Extension or Code | |
| 254-470-2944 | | | |
| | | 20. Fax Number (if applicable) | |
| | | | |

SECTION III: Regulated Entity Information

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

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

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

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

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

SECTION IV: Preparer Information

| | |
|------------------------------------|-------------------------------------------------|
| 40. Name: Jennifer Thompson | 41. Title: City Secretary |
| 42. Telephone Number: 254 470 2944 | 43. Ext./Code: - |
| 44. Fax Number: () - | 45. E-Mail Address: jthompson@oglesby-texas.com |

SECTION V: Authorized Signature

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

| | |
|------------------------------------|---------------------------|
| Company: City of Oglesby | Job Title: City Secretary |
| Name (In Print): Jennifer Thompson | Phone: 254 470 2944 |
| Signature: Jennifer Thompson | Date: 9/10/24 |

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____ Renewal ____ Major Amendment ____ Minor Amendment ____ New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: CITY OF OGLESBY

Permit No. WQ00 010914001

EPA ID No. TX TX0100854

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

109 BOONE AVE, OGLESBY tx 76561

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

Prefix (Mr., Ms., Miss):

First and Last Name: Michael homan

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

Title: opperator

Mailing Address:

City, State, Zip Code: oglesby tx 76561

Phone No.: 254-749-7810 Ext.:

Fax No.:

E-mail Address: homaninnovations@yahoo.com

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

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

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

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

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

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

- ☐ Sealing caves, fractures, sinkholes, other karst features
- ☐ Disturbance of vegetation or wetlands

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

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

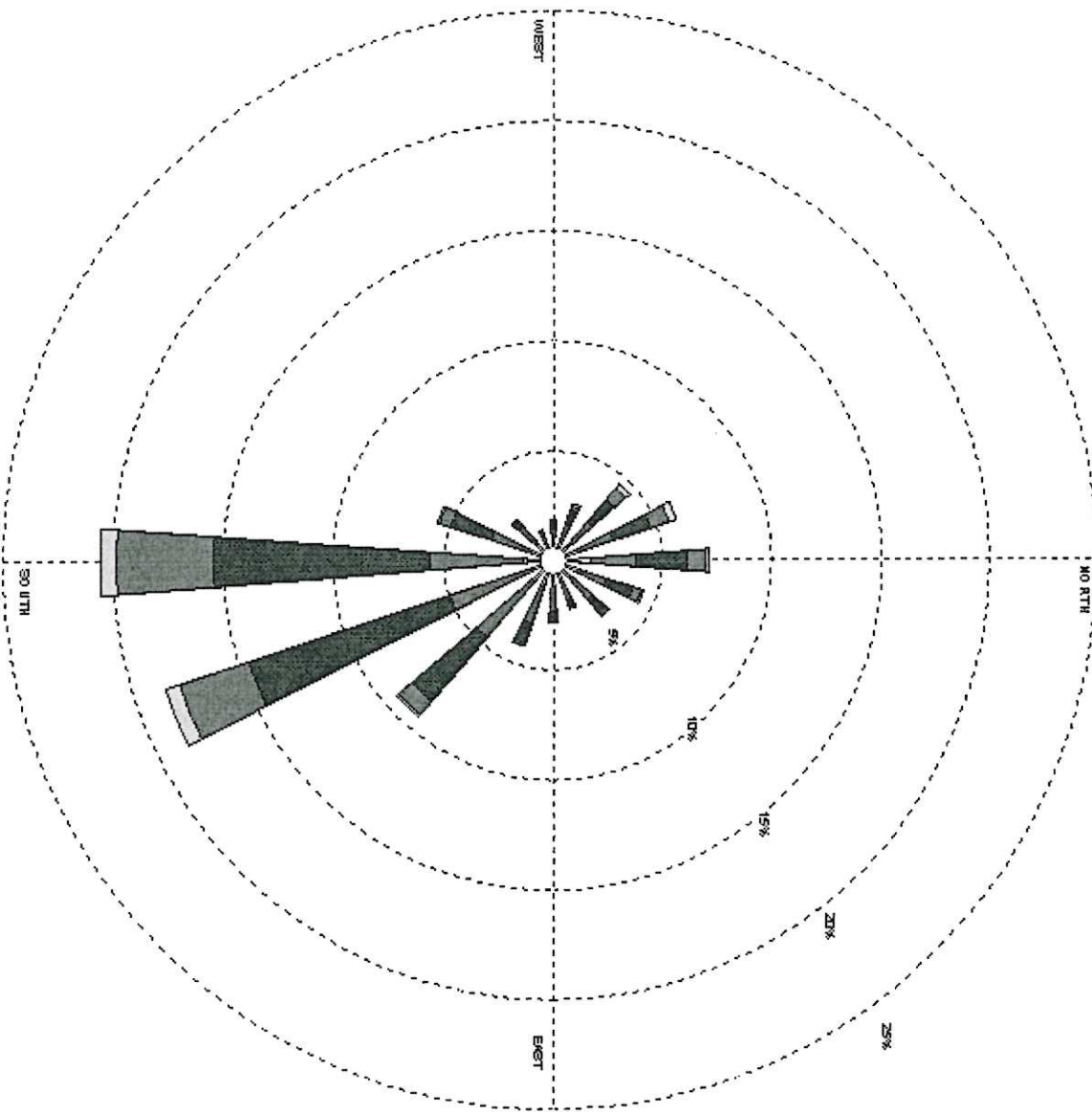
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

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

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

City of Oglesby Wastewater Sampling





| | | | | | | | |
|---------------------------------------------------------------------------------------------------------|--|-----------------------|--|----------------------------|--|--------------------------|--|
| Wind Speed (m/s) > 11.05 8.49 - 11.05 5.40 - 8.49 3.34 - 5.40 1.80 - 3.34 0.00 - 1.80 | | MOD ELEM Seta West | | DATE 9/3/2002 | | COMMAND NAME USDA-ARS | |
| Wind Speed AVG. 10 MIN SPEED 5.89 m/s | | DISPLAY Wind Speed | | UNIT m/s | | COMMENTS | |
| DIRECTION 0 DEGREES Direction | | CALC WINDS 2.51% | | PLOT YEAR-DAY-TIME 1981 | | | |

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

Analytical Report: 24082835

| | | |
|-------------------------------|--------------------------------|-------------------------|
| Lab ID: 24082835-001 | Collected Date: 08/28/24 07:46 | Matrix: Waste Water |
| Client: City of Oglesby | Received Date: 08/28/24 12:55 | Temp at Receipt: 2.2 °C |
| Sample Site: Renewal Analysis | Report Date: 09/04/24 | Sample Collector: JW |

| | | | | | | |
|-------------------------------------|------------------|------------------|------|----------------|--------|------------|
| Ammonia Nitrogen | NH3N | SM 4500-NH3/D | NP | 08/29/24 08:39 | 0.900 | mg/L |
| Carbonaceous BOD | CBOD | SM 5210/B | NP | 08/29/24 08:22 | 18 | mg/L |
| Total Suspended Solids | TSS | SM 2540/D | NP/P | 08/29/24 10:25 | 34 | mg/L |
| pH | SM4500-H | SM4500/H | N | 08/28/24 07:46 | 8.8 | SU |
| Nitrate as N | E300.0 | E 300.0 | NP/P | 08/29/24 10:28 | <0.400 | mg/L |
| Dissolved Oxygen | DO | SM 4500-O | N | 08/28/24 07:46 | 3.6 | mg/L |
| Total Phosphorus (as P) | T.PHOS. | SM 4500-P/E | NP | 08/29/24 10:45 | 2.04 | mg/L |
| Nitrogen, Total Kjeldahl | TKN | SM 4500-NH3/D | NP | 08/29/24 13:07 | 7.91 | mg/L |
| Total dissolved solids | SM2540C | SM 2540/C | N | 09/03/24 15:05 | 890.0 | mg/L |
| Sulfate | E300.0 | E 300.0 | NP/P | 08/29/24 10:39 | 114 | mg/L |
| Chloride | Cl- | SM 4500-Cl-/B | NP | 08/29/24 14:35 | 108 | mg/L |
| Chlorine | SM4500-CL | SM4500-CL | NP | 08/28/24 07:46 | 0 | mg/L |
| n-Hexane Extractable Material (HEM) | O&G | SM 5520/B | NP | 09/02/24 09:40 | <7.00 | mg/L |
| Alkalinity, Total (CaCO3) | ALK | SM 2320/B | NP | 08/29/24 09:22 | 328 | mg/L |
| Conductivity @ 25C | Cond | SM 2510/B | NP | 08/29/24 10:07 | 1400 | umhos/cm |
| E. coli | E. coli | IDEXX Collert | NP | 08/28/24 13:52 | 39 | MPN/100 mL |
| Temperature | (water, on site) | (water, on site) | N | 08/28/24 07:46 | 24.9 | °C |

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

Control #: 24082835

QUALITY ASSURANCE & QUALITY CONTROL

| ANALYTE | ABBR./ ALT. NAME | STANDARD METHOD | UNITS | Quality Control | | | | | | Q |
|----------------------|---------------------|--------------------|-------|-----------------|------|--------|--------|----------------|---|---|
| | | | | S.D. | CV% | REC.1% | REC.2% | MDL/PQL | | |
| Total (CaCO3) | E300.0 | E 300.0 | mg/L | | | | | 0.400 / 0.400 | | |
| | E300.0 | E 300.0 | mg/L | | | | | 1.00 / 1.80 | | |
| | ALK | SM 2320/B | mg/L | | | | | 1.50 / 5.00 | | |
| | Cl- | SM 4500-Cl-/B | mg/L | 1.41 | 0.28 | 98.0 | 100.0 | 1.00 / 3.00 | | |
| Total Nitrogen | NH3N | SM 4500-NH3/D | mg/L | 0.01 | 1.12 | 95.9 | 97.6 | 0.0300 / 0.100 | | |
| Total Kjeldahl | TKN | SM 4500-NH3/D | mg/L | 0.30 | 1.68 | 94.6 | 98.8 | 0.0200 / 0.120 | | |
| Phosphorus (as P) | T PHOS. | SM 4500-P/E | mg/L | 0.04 | 0.75 | 101.9 | 103.2 | .02 / .05 | | |
| Extractable Material | O&G | SM 5520/B | mg/L | 0.99 | 0.99 | 99.0 | 101.2 | 7.00 / 7.00 | | |
| Oxygen Demand | COD | SM 5220/D | mg/L | | | | | | | |
| | TURB. | SM 2130/B | NTUs | | | | | | | |
| Total Solids | %d.w | SM 2540/G | % | | | | | | N | |

Biochemical Oxygen Demand (BOD)
Dissolved Oxygen Demand (CBOD)
Method: SM 5210/B

| Units | Description |
|-------|--------------------------|
| mg/L | Blank 1 - CBOD |
| mg/L | Blank 2 - CBOD |
| mg/L | Blank 3 - CBOD |
| mg/L | G/GA Std 1 - CBOD |
| mg/L | G/GA Std 2 - CBOD |
| mg/L | G/GA Std 3 - CBOD |
| mg/L | G/GA Average - CBOD |
| mg/L | Seed Control - CBOD |
| mg/L | Seed Control - CBOD |
| mg/L | Seed Control - CBOD |
| mg/L | Seed Corr Average - CBOD |

| Dissolved Oxygen Method: SM 4500-O*/G | | |
|------------------------------------------|-------|----------------------|
| Results | Units | Description |
| 9.07 | mg/L | Set Up Calibration |
| 9.07 | mg/L | Read Off Calibration |
| 20 | °C | Set Up Temperature |
| 20 | °C | Read Off Temperature |

| Fecal Coliform Method: SM 9222 /D MF | | |
|-----------------------------------------|-----------|-------------|
| Results | Units | Description |
| | CFU/100ml | Pre Blank |
| | CFU/100ml | Post Blank |

| TDS by SM 2540/C | | |
|------------------|-------|-------------|
| Results | Units | Description |
| 0 | mg/L | Blank |

E. coli By IDEXX Colilert (enumeration)

MPN/100 mL

Total Suspended Solids (TSS, MLSS)
Method: 2540/D

| Results | Units | Description |
|---------|-------|-----------------------|
| 0.4 | mg/L | Blank 1 |
| 0.3 | mg/L | Blank 2 |
| 0.1 | mg/L | Blank 3 |
| 0.1 | mg/L | Blank 4 |
| 3.33 | % | Relative % Difference |
| 2.99 | % | Relative % Difference |
| 3.17 | % | Relative % Difference |
| 0.3 | % | Relative % Difference |
| 4.02 | % | Relative % Difference |
| 2.74 | % | Relative % Difference |
| 3.95 | % | Relative % Difference |
| 1.99 | % | Relative % Difference |
| 4.82 | % | Relative % Difference |
| 0.85 | % | Relative % Difference |

| Conductivity @ 25° C Method: SM 2510/B Standards run for each analytical batch | | |
|--------------------------------------------------------------------------------------|----------|-----------------------|
| Results | Units | Description |
| | umhos/cm | Conductivity Standard |
| | umhos/cm | Conductivity Standard |
| | umhos/cm | Conductivity Standard |

Report Out Date: 09/04/2024

Lisa Soward
Data Manager

QUALITY ASSURANCE & QUALITY CONTROL

Standard Method E 300.0

Matrix Waste Water

Batch Number 77635

| Sample ID | Parameter | Result | Ref. Value | Spike Conc. | Per. Rec. | Rec. Limits | RPD | RPD Limits | Flags |
|----------------|-----------|-----------|------------|-------------|-----------|-------------|-------|------------|-------|
| 77635-1-LCS | Sulfate | 14.8 mg/L | | 15.0 mg/L | 99% | 90-110% | | 0-20% | |
| 77635-1-LCSD | Sulfate | 14.7 mg/L | | 15.0 mg/L | 98% | 90-110% | 1% | 0-20% | |
| 77635-1-UNS | Sulfate | 4.74 mg/L | | | 0% | 90-110% | | 0-20% | |
| 24082902-001S | Sulfate | 19.8 mg/L | 4.74 mg/L | 15.0 mg/L | 100 % | 80-120% | | 0-20% | |
| 24082902-001SD | Sulfate | 19.6 mg/L | 4.74 mg/L | 15.0 mg/L | 100 % | 80-120% | 0.00% | 0-20% | |

Standard Method SM 2540/C

Matrix Waste Water

Batch Number 77673

| Sample ID | Parameter | Result | Ref. Value | Spike Conc. | Per. Rec. | Rec. Limits | RPD | RPD Limits | Flags |
|------------|------------------------|--------|------------|-------------|-----------|-------------|-----|------------|-------|
| 77673-1-MB | Total dissolved solids | < mg/L | | | 0% | 80-120% | | 0-10% | |



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

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

Enter 'INDUSTRIAL' or 'DOMESTIC' here **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 Oglesby (CN600653745) operates CITY OF OGLESBY WWTP (RN101918704), an earthen ponds that break down wastewater using natural biological processes. The facility is located at 109 BOONE AVE, in Oglesby, Coryell County, Texas 76561. Application to renew permit. This permit will not authorize a discharge of pollutants into water in the state. Discharges from the facility are expected to contain 14. List all expected pollutants here. 15. Enter types of wastewater discharged here will be treated by 17. Enter a description of wastewater treatment used at the facility here.

ple

Individual Industrial Wastewater Application

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 30.1. Information provided in this summary may change during the technical review of the application and are not federal enforceable representations of the permit application.

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

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 collected 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 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.

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 discharged through condensers and auxiliary equipment on a once-through basis to cool the 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 a stormwater 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 discharged to the Starr Creek Domestic Sewage Treatment Plant, TPDES Permit No. TX00000001, for treatment and disposal. Metal-cleaning waste from equipment cleaning is externally disposed of off-site.



TEXAS COMMISSION ON ENVIRONMENTAL
QUALITY
AUSTIN, TX 78753
BIOSOLIDS ANNUAL REPORT

Responses to this collection of information
are mandatory in accordance with state
regulations.

FORM Approved OMB No. 2040-0004 expires on 07/31/2026

Your Texas Pollutant Discharge Elimination System (TPDES) discharge permit requires you to submit a sewage sludge report to TCEQ every year by September 30th. This form allows you to submit the Sewage Sludge (Biosolids) Annual report electronically. For the purposes of this form, the terms "sewage sludge" and "biosolids" have the same meaning.

To use this form, you must first request and obtain access to a facility's record in order to access, view, edit, sign or manage a Sewage Sludge (Biosolids) Annual Report. Please contact us if you cannot find your facility. Please note that TCEQ may contact you after you submit this report for more information regarding your sewage sludge management program.

If you have any questions about filling out this report, email Biotoool@tceq.texas.gov (mailto:Biotoool@tceq.texas.gov).

In accordance with the NPDES Electronic Reporting rule (40 CFR part 127), TCEQ shares the information you provide on this form with the U.S. EPA. Please note that TCEQ and EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. You must assert any CBI claims you might have at the time of submission. TCEQ and EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact TCEQ using the above contact information for further guidance.

Facility Information

Facility Name: CITY OF OGLESBY WWTP

NPDES ID: TX0100854

Program Information

Please select all of the following that apply to your obligation to submit a Sewage Sludge (Biosolids) Annual Report in compliance with 40 CFR part 503. The facility is:

- other

Please describe why you are submitting this Sewage Sludge (Biosolids) Annual Report (e.g., permit condition, enforcement action, state law).

Permit requirement

If your facility is a POTW, please provide the estimated total amount of sewage sludge produced at your facility for the reporting period (in dry metric tons). If your facility is not a POTW, please provide the estimated total amount of biosolids produced at your facility for the reporting period (in dry metric tons).

0

Reporting Period Start Date: 09/01/2023

Reporting Period End Date: 08/31/2024

Treatment Processes

Processes to Significantly Reduce Pathogens (PSRP):

Air Drying (or Sludge Drying Beds)

Processes to Further Reduce Pathogens (PFRP):

Physical Treatment Options:

Other Processes to Manage Sewage Sludge:

Analytical Methods

Did you or your facility collect sewage sludge or biosolids samples for laboratory analysis? ☐ YES ☒ NO

Sludge Management - Land Application

Sludge Management - Surface Disposal

Sludge Management - Incineration

Sludge Management - Other Management Practice

ID: 001

Amount: 0

Management Practice Detail: Disposal in a Municipal Landfill (under 40 CFR 258)

Handler, Preparer, or Applier Type: Off-Site Third-Party Handler or Applier

NPDES ID of handler: 1646A

Facility Information:

Lacey Lakeview Landfill
677 Selby Lane
Waco, TX 76705
US

Contact Information:

Daniel Shaw
Site manager
254-799-9353

Pathogen Class: Not Applicable

Do you have any deficiencies to report for this SSUID? ☐ YES ☒ NO ☐ UNKNOWN

Monitoring Data

Compliance Monitoring Periods

Compliance Monitoring Event No. 1

Compliance Monitoring Period Start
Date:
09/01/2023

Compliance Monitoring Period End Date:
08/31/2024

Do you have analytical results to report for this monitoring period? ☐ YES ☒ NO

Sewage Sludge or Biosolids
Parameter

Parameter Concentration (Pass or
Fail)

TCLP

If No Data, Select One Of The Following

F (No Sampling or Analysis Conducted - Other
Reason)

Additional Information

Please enter any additional information that you would like to provide in the comment box below.

TCEQ Registration Numbers

Additional Attachments

| Name | Created Date | Size |
|------|--------------|------|
|------|--------------|------|

Truck Hauling Attachments

| Name | Created Date | Size |
|------|--------------|------|
|------|--------------|------|

TCLP Attachments

| Name | Created Date | Size |
|------|--------------|------|
|------|--------------|------|

Certification Information

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 gathered and evaluated 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 have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: David C. Posten (DCPCOC11)

Certified On: 09/05/2024 2:20 PM ET

Candice Calhoun

From: Candice Calhoun
Sent: Monday, October 14, 2024 10:23 AM
To: jthompson@oglesby-texas.com
Cc: lkmarkum; Homaninnovations
Subject: RE: Oglesby
Attachments: Municipal Discharge Renewal Spanish NORI.docx

Importance: High

Good morning, Ms. Thompson,

My apologies for the delayed response, I was out last week.

It looks like we received it in office on October 7, 2024, but I just received it, in hand, today, as today is my first day back.

Your response to items 1, 2, 5, 6, 7, and 8 is sufficient. More information is needed for items 3, 4, 9, and 10. Please see below.

Item 3 - Section II, Item 15, of the Core Data Form - There are two different addresses listed in this section. Please confirm which address you would like to use as the Permit Mailing Address.

Item 4 - Section III, Item 23 of the Core Data Form - The street address of the regulated entity listed does not match our current records and is a bit far from the facility coordinates. Please confirm the correct physical address of the regulated entity.

Item 9 - Section 8, Item B, of the administrative report 1.0 - Thank you for providing the required alternative language. Since an alternative language is required, please use the attached template to translate the NORI portion.

Item 10 - A response was not received for this item. Please review the NORI portion, listed in the NOD, and indicate if there are in errors or omissions.

Please let me know if you have any additional questions.

Regards,

Candice Courville
Texas Commission on Environmental Quality Water Quality Division
512-239-4312
candice.calhoun@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

-----Original Message-----

From: jthompson@oglesby-texas.com <jthompson@oglesby-texas.com>

Sent: Wednesday, October 9, 2024 9:55 AM

To: Candice Calhoun <Candice.Calhoun@tceq.texas.gov>

Cc: Ikmarkum <ikmarkum@yahoo.com>; Homaninnovations <homaninnovations@yahoo.com>

Subject: Oglesby

Good Morning Candice , Could you confirm if you received the City of Oglesby's Waste water renewal permit packet? The City got a letter stating it hasn't been received yet by TCEQ. It was mailed on October 3rd.

Thank You,
Jennifer Thompson

Candice Calhoun

From: homaninnovations@yahoo.com
Sent: Wednesday, October 16, 2024 9:13 AM
To: jthompson@oglesby-texas.com; Candice Calhoun
Cc: lkmarkum
Subject: Re: Oglesby
Attachments: Municipal Discharge Renewal Spanish NORI (1).docx

Follow Up Flag: Follow up
Flag Status: Flagged

Item 3 - Section II, Item 15, of the Core Data Form - There are two different addresses listed in this section. Please confirm which address you would like to use as the Permit Mailing Address.

120 Main St, Oglesby, TX 76561

Item 4 - Section III, Item 23 of the Core Data Form - The street address of the regulated entity listed does not match our current records and is a bit far from the facility coordinates. Please confirm the correct physical address of the regulated entity.

109 Boone Ave Oglesby, Tx 76561

Item 9 - Section 8, Item B, of the administrative report 1.0 - Thank you for providing the required alternative language. Since an alternative language is required, please use the attached template to translate the NORI portion.

See Attachment

Item 10 - A response was not received for this item. Please review the NORI portion, listed in the NOD, and indicate if there are in errors or omissions.

No errors or omissions.

On Monday, October 14, 2024 at 10:22:44 AM CDT, Candice Calhoun <candice.calhoun@tceq.texas.gov> wrote:

Good morning, Ms. Thompson,

My apologies for the delayed response, I was out last week.

It looks like we received it in office on October 7, 2024, but I just received it, in hand, today, as today is my first day back.

Your response to items 1, 2, 5, 6, 7, and 8 is sufficient. More information is needed for items 3, 4, 9, and 10. Please see below.

Item 3 - Section II, Item 15, of the Core Data Form - There are two different addresses listed in this section. Please



TCEQ Core Data Form

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

SECTION I: General Information

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|
| 1. Reason for Submission (If other is checked please describe in space provided.) | | |
| <input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.) | | |
| <input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form) | <input type="checkbox"/> Other | |
| 2. Customer Reference Number (if issued) | Follow this link to search for CN or RN numbers in Central Registry** | 3. Regulated Entity Reference Number (if issued) |
| CN 600653745 | | RN 101918704 |

SECTION II: Customer Information

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------|---------------------------------|
| 4. General Customer Information | | 5. Effective Date for Customer Information Updates (mm/dd/yyyy) | |
| <input type="checkbox"/> New Customer | | <input checked="" type="checkbox"/> Update to Customer Information | |
| <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) | | <input type="checkbox"/> Change in Regulated Entity Ownership | |
| The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA). | | | |
| 6. Customer Legal Name (If an individual, print last name first: eg: Doe, John) | | If new Customer, enter previous Customer below: | |
| City of Oglesby Texas | | | |
| 7. TX SOS/CPA Filing Number | 8. TX State Tax ID (11 digits) | 9. Federal Tax ID (9 digits) | 10. DUNS Number (if applicable) |
| | | 752176357 | 007739464 |
| 11. Type of Customer: | | Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited | |
| <input type="checkbox"/> Corporation | | <input type="checkbox"/> Individual | |
| Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other | | <input type="checkbox"/> Sole Proprietorship | |
| 12. Number of Employees | | 13. Independently Owned and Operated? | |
| <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner & Operator <input checked="" type="checkbox"/> Other: | | | |
| <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant | | | |
| 15. Mailing Address: | | 16. Country Mailing Information (if outside USA) | |
| PO Box 185 120 Main Street | | | |
| City: Oglesby | | State: TX | |
| ZIP: 76506 | | ZIP + 4: | |
| 17. E-Mail Address (if applicable) | | 18. Telephone Number | |
| | | 254 470-2944 | |
| | | M-F 8am-12pm | |
| | | 19. Extension or Code | |
| | | NA | |
| | | 20. Fax Number (if applicable) | |
| | | NA | |

RECEIVED

OCT 07 2024

Water Quality Applications Team

SECTION III: Regulated Entity Information

21. General Regulated Entity Information (If "New Regulated Entity" is selected, a new permit application is also required.)

☐ New Regulated Entity ☐ Update to Regulated Entity Name ☐ Update to Regulated Entity Information

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

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

City of Oglesby Texas
120 Main Street / PO Box 185
Oglesby TX 76561

23. Street Address of the Regulated Entity:

(No PO Boxes)

City

State

ZIP

ZIP + 4

24. County

Coryell

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

25. Description to

Physical Location:

East of McGregor TX Off 84 to left

26. Nearest City

McGregor TX

State

Texas

Nearest ZIP Code

76528

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

27. Latitude (N) In Decimal:

31.4187209

28. Longitude (W) In Decimal:

-97.5071087

Degrees

Minutes

Seconds

Degrees

Minutes

Seconds

29. Primary SIC Code

30. Secondary SIC Code

31. Primary NAICS Code

32. Secondary NAICS Code

(4 digits)

(4 digits)

(5 or 6 digits)

(5 or 6 digits)

4452

221320

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

Service - Provides water, sewer, Garbage

34. Mailing

Address:

PO Box 185 120 Main Street
Oglesby TX 76561

City

State

ZIP

ZIP + 4

35. E-Mail Address:

thompson@oglesby-texas.com

36. Telephone Number

254-470-8944

37. Extension or Code

NA

38. Fax Number (if applicable)

254-470-8944 M-F 8am-4pm

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

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

SECTION IV: Preparer Information

| | | | | | |
|----------------------|---------------------|----------------|-----------------------------|------------|----------------------|
| 40. Name: | Michael Corey Homan | | | 41. Title: | Water-Taker operator |
| 42. Telephone Number | 43. Ext./Code | 44. Fax Number | 45. E-Mail Address | | |
| (254) 470-2944 | | () - | jthompson@oglesby-Texas.com | | |

SECTION V: Authorized Signature

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

| | | | |
|------------------|-----------------------|------------|----------------|
| Company: | City of Oglesby Texas | Job Title: | City Secretary |
| Name (In Print): | Jennifer Thompson | Phone: | 254 470-2944 |
| Signature: | Jennifer Thompson | Date: | 10/2/24 |

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: Click to enter text. WQ0010914001

Applicant: Click to enter text. Michael Homan / City of Oglesby

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): Click to enter text. Michael Homan

Signatory title: Click to enter text. operator

Signature: [Signature] Date: 10/2/24
(Use blue ink)

Subscribed and Sworn to before me by the said Michael Homan
on this October 2nd day of October, 20 24.
My commission expires on the 09 day of 07, 20 26.

Jennifer Dawn Thompson
Notary Public
Correll
County, Texas





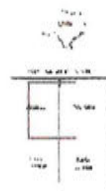
U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



7.5-MINUTE TOPO QUADRANGLE
Census Tracts
7 540801T 1000



Information about this map is available at www.usgs.gov.
This map is a derivative of the 7.5-minute topographic map series.
The map is a derivative of the 7.5-minute topographic map series.
The map is a derivative of the 7.5-minute topographic map series.



7.5-MINUTE TOPO, TX
7504



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. Click to enter text.

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: Click to enter text. Last Name, First Name: homan,michael
Title: Waste Water Operator Credential: WW0075320
Organization Name: city of oglesby
Mailing Address: 103 mooney ave City, State, Zip Code: oglesby.tx,76561
Phone No.: 2547497810 E-mail Address: homaninnovations@yahoo.com
Check one or both: ☐ Administrative Contact ☒ Technical Contact
- B. Prefix: Click to enter text. Last Name, First Name: Thompson,jenifer
Title: secretary Credential: Click to enter text.
Organization Name: city of oglesby
Mailing Address: 120 main st City, State, Zip Code: oglesby.tx,7561
Phone No.: 2544702944 E-mail Address: jthompson@oglesby-texas.com
Check one or both: ☒ Administrative Contact ☐ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

- A. Prefix: Click to enter text. Last Name, First Name: homan,michael
Title: opperator Credential: WW0075320
Organization Name: City of oglesby
Mailing Address: 120 main st City, State, Zip Code: oglesby.tx,76561
Phone No.: 2547497810 E-mail Address: homaninnovations@yahoo.com

B. Prefix: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)
Title: [Click to enter text.](#) Credential: [Click to enter text.](#)
Organization Name: [Click to enter text.](#)
Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)
Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)
Title: [Click to enter text.](#) Credential: [Click to enter text.](#)
Organization Name: [Click to enter text.](#)
Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)
Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

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: [Click to enter text.](#) Last Name, First Name: [Click to enter text.](#)
Title: [Click to enter text.](#) Credential: [Click to enter text.](#)
Organization Name: [Click to enter text.](#)
Mailing Address: [Click to enter text.](#) City, State, Zip Code: [Click to enter text.](#)
Phone No.: [Click to enter text.](#) E-mail Address: [Click to enter text.](#)

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: [Click to enter text.](#) Last Name, First Name: Thompson,jenifer
Title: Secretary Credential: [Click to enter text.](#)
Organization Name: City of Oglesby
Mailing Address: 120 main st City, State, Zip Code: oglesby.tx,76561
Phone No.: 2544702944 E-mail Address: jthompson@oglesby-texas.com

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

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

- ☒ E-mail Address
☐ Fax
☐ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Click to enter text. Last Name, First Name: homan,michael
Title: Waste Water Operator Credential: WW0075320
Organization Name: city of oglesby
Mailing Address: 120 main st City, State, Zip Code: Oglesby,tx 76561
Phone No.: 2547497810 E-mail Address: homaninnovations@yahoo.com

D. Public Viewing Information

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

Public building name: City hall
Location within the building: Front Desk
Physical Address of Building: 120 main st
City: oglesby County: coryell
Contact (Last Name, First Name): Thompson,jenifer
Phone No.: 2544702944 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

F. Plain Language Summary Template

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

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

G. Public Involvement Plan Form

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

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

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** [Click to enter text.](#) *101918704*

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

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

CITY OF OGLESBY WWTP

C. Owner of treatment facility: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

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

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

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

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

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS Enter 'INDUSTRIAL' or 'DOMESTIC' here 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 Oglesby ([CN600653745](#)) operates CITY OF OGLESBY WWTP (RN101918704), a effluent pond system that has a daily average flow of 50,000 gallons per day. The facility is located at 109 BOONE AVE, in Oglesby, Coryell County, Texas 76561. Application to renew permit. This permit will not authorize a discharge of pollutants into water in the state.

Discharges from the facility are expected to contain ammonia nitrogen, total suspended solids (TSS) and Escherichia coli. Domestic wastewater will be treated by barscreen, stabilization lagoon.

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

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

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

La ciudad de Oglesby (CN600653745) opera la PTAR DE LA CIUDAD DE OGLESBY (RN101918704), un sistema de estanques de efluentes que tiene un flujo promedio diario de 50,000 galones por día. La instalación está ubicada en 109 BOONE AVE, en Oglesby, Condado de Coryell, Texas 76561. Solicitud de renovación de permiso. Este permiso no autorizará una descarga de contaminantes al agua del estado.

Se espera que las descargas de la instalación contengan nitrógeno amoniacal, sólidos suspendidos totales (SST) y Escherichia coli. Las aguas residuales domésticas serán tratadas mediante reja, laguna de estabilización.

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