



# **Administrative Package Cover Page**

**This file contains the following documents:**

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



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

The City of Luling (CN600243240) operates the Ottine Mineral Springs Wastewater Treatment Plant (RN103015061), a municipal domestic wastewater treatment facility. The facility is located at approximately 1000 feet south of the intersection of FM1586 and FM 2091 in Gonzales County, Texas.

This application is for a renewal to discharge at an annual average flow of 40,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain biochemical oxygen demand and suspended solids. Municipal domestic wastewater is treated by an Imhoff Tank process consisting of an influent screen, settling tanks, a trickling filter, and a chlorine contact basin.

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0010943001

**APPLICATION.** City of Luling, 509 East Crockett Street, Luling, Texas 78648, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0010943001 (EPA I.D. No. TX0030970) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 40,000 gallons per day. The domestic wastewater treatment facility is located approximately 1000 feet south of the intersection of Farm-to-Market Road 1586 and Farm-to-Market Road 2091, near Ottine, in Gonzales County, Texas 78629. The discharge route is from the plant site to an unnamed tributary, thence to the Lower San Marcos River. TCEQ received this application on April 24, 2025. The permit application will be available for viewing and copying at Luling City Hall, Front Desk, 509 East Crockett Street, Luling, in Gonzales 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=-97.583333,29.593333&level=18>

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

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

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

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

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

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

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

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

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

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

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



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

Further information may also be obtained from City of Luling at the address stated above or by calling Mrs. CJ Watts, Mayor, at 830-875-2481.

Issuance Date: May 7, 2025



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

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

APPLICANT NAME: City of Luling

PERMIT NUMBER (If new, leave blank): WQ00 0010943-001

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

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

For TCEQ Use Only

Segment Number \_\_\_\_\_ County \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Region \_\_\_\_\_  
Permit Number \_\_\_\_\_



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

**Section 1. Application Fees (Instructions Page 26)**

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input 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: 068890

Check/Money Order Amount: \$315.00

Name Printed on Check: City of Luling

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

- |   |   |
|---|---|
| <input type="checkbox"/> New                                    |   |
| <input type="checkbox"/> Major Amendment <u>with</u> Renewal    | <input type="checkbox"/> Minor Amendment <u>with</u> Renewal    |
| <input type="checkbox"/> Major Amendment <u>without</u> Renewal | <input type="checkbox"/> Minor Amendment <u>without</u> Renewal |
| <input checked="" type="checkbox"/> Renewal without changes     | <input type="checkbox"/> Minor Modification of permit           |

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

f. For existing permits:

Permit Number: WQ00 10943-001

EPA I.D. (TPDES only): TX TX0030970

Expiration Date: August 20, 2025

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

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

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

City of Luling

*(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: 600243240

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: Mrs.

Last Name, First Name: Watts, CJ

Title: Mayor

Credential: Click to enter text.

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

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

N/A

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

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

CN: N/A

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

Prefix: N/A

Last Name, First Name: 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. See Exhibit A

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

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

A. Prefix: Mr. Last Name, First Name: Rudolph, Mark  
Title: Project Manager Credential: P.E.  
Organization Name: Strand Associates, Inc.  
Mailing Address: 1906 Niebuhr Street City, State, Zip Code: Brenham, TX 77833  
Phone No.: 979-836-7937 E-mail Address: mark.rudolph@strand.com  
Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Mr. Last Name, First Name: Schulle, Bill  
Title: Wastewater Superintendent Credential: Click to enter text.  
Organization Name: City of Luling  
Mailing Address: 509 E. Crockett City, State, Zip Code: Luling, TX 78648  
Phone No.: 830-875-2481 E-mail Address: wastewatersuper@cityofluling.net  
Check one or both: ☒ Administrative Contact ☐ Technical Contact

## Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr. Last Name, First Name: Schulle, Bill  
Title: Wastewater Superintendent Credential: Click to enter text.  
Organization Name: City of Luling  
Mailing Address: 509 E. Crockett City, State, Zip Code: Luling, TX 78648  
Phone No.: 830-875-2481 E-mail Address: wastewatersuper@cityofluling.net

B. Prefix: Mrs. Last Name, First Name: Velasquez, Martha  
Title: City Secretary Credential: Click to enter text.  
Organization Name: City of Luling  
Mailing Address: 509 E. Crockett City, State, Zip Code: Luling, TX 78648  
Phone No.: 830-875-2481 E-mail Address: citysecretary@cityofluling.net

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

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

Prefix: Mrs. Last Name, First Name: Velasquez, Martha  
Title: City Secretary Credential: Click to enter text.  
Organization Name: City of Luling  
Mailing Address: 509 E. Crockett City, State, Zip Code: Luling, TX 78648  
Phone No.: 830-875-2481 E-mail Address: citysecretary@cityofluling.net

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

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

Prefix: Mr. Last Name, First Name: Schulle, Bill  
Title: Wastewater Superintendent Credential: Click to enter text.  
Organization Name: City of Luling  
Mailing Address: 509 E. Crockett City, State, Zip Code: Luling, TX 78648  
Phone No.: 830-875-2481 E-mail Address: wastewatersuper@cityofluling.net

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

### A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Rudolph, Mark  
Title: Project Manager Credential: P.E.  
Organization Name: Strand Associates, Inc.  
Mailing Address: 1906 Niebuhr Street City, State, Zip Code: Brenham, TX 77833  
Phone No.: 979-836-7937 E-mail Address: mark.rudolph@strand.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: Mrs.

Last Name, First Name: Watts, CJ

Title: Mayor

Credential: Click to enter text.

Organization Name: City of Luling

Mailing Address: 509 E. Crockett

City, State, Zip Code: Luling, TX 78648

Phone No.: 830-875-2481

E-mail Address: N/A

**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: Luling City Hall

Location within the building: Front desk

Physical Address of Building: 509 E. Crockett

City: Luling

County: Caldwell

Contact (Last Name, First Name): Velasquez, Martha

Phone No.: 830-875-2481 Ext.: Click to enter text.

**E. Bilingual Notice Requirements**

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

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

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

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

#### F. Plain Language Summary Template

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

**Attachment:** [See Exhibit C](#)

#### G. Public Involvement Plan Form

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

**Attachment:** [N/A](#)

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** [103015061](#)

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):

[Ottine Warm Springs WWTP](#)

C. Owner of treatment facility: [City of Luling](#)

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

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

Prefix: [N/A](#)

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

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

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

Organization Name: [City of Luling](#)

Mailing Address: [509 E. Crockett](#)

City, State, Zip Code: [Luling, TX 78648](#)

Phone No.: [830-875-2481](#)

E-mail Address: [N/A](#)

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

**Attachment:** [N/A](#)



E. Owner of effluent disposal site:

Prefix: N/A

Last Name, First Name: 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:** N/A

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

Prefix: N/A

Last Name, First Name: 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:** N/A

## 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:

N/A

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:

N/A

City nearest the outfall(s): Ottine (Unincorporated)

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

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:** N/A

- 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: N/A

## 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      N/A

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.

N/A

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: Mark A. Rudolph, P.E. (former intern)

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: WQ0010943-001

Applicant: City of Luling

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): CJ Watts

Signatory title: Mayor

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

*CJ Watts*

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

4-17-2025

(Use blue ink)

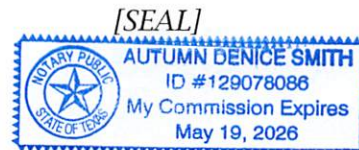
Subscribed and Sworn to before me by the said Carol Jene Watts  
on this 17<sup>th</sup> day of April, 20 25.

My commission expires on the 19<sup>th</sup> day of May, 20 26.

*[Signature]*

Notary Public

Caldwell County  
County, Texas



# **DOMESTIC WASTEWATER PERMIT APPLICATION**

## **SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)**

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

**Attachment:** See Exhibit D



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

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

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.040

2-Hr Peak Flow (MGD): 0.11952

Estimated construction start date: Existing

Estimated waste disposal start date: Existing

#### B. Interim II Phase

Design Flow (MGD): N/A

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): N/A

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: Existing

### Section 2. Treatment Process (Instructions Page 43)

#### A. Current Operating Phase

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

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

See Exhibit F

## 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)
<u>See Exhibit G</u>		

## C. Process Flow Diagram

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

**Attachment:** See Exhibit H

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

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

- Latitude: N29-35-44
- Longitude: W97-35-2

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

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

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

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

**Attachment:** See Exhibit I

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

Ottine Warm Springs Hospital; property and facilities adjacent to the old Gonzales Warm Springs Rehabilitation Hospital.

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
Ottine Warm Springs Collection System	City of Luling	Publicly Owned	~100
		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.**

N/A

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.

N/A

## 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: Unknown

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.**

N/A

### 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.

N/A

### 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*.

N/A

#### 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.  
N/A

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

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

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

☐ Yes ☒ No

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

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

N/A

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

N/A

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.

N/A

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

Is the facility in operation?

See Exhibit K

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	2.0	2.0	1	Grab	3/5/25 @ 12:48 PM
Total Suspended Solids, mg/l	1.00	1.00	1	Grab	3/5/25 @ 12:48 PM

Ammonia Nitrogen, mg/l	<0.10	<0.10	1	Grab	3/5/25 @ 12:52 PM
Nitrate Nitrogen, mg/l	2.29	2.29	1	Grab	3/5/25 @ 12:48 PM
Total Kjeldahl Nitrogen, mg/l	0.42	0.42	1	Grab	3/5/25 @ 12:52 PM
Sulfate, mg/l	7.96	7.96	1	Grab	3/5/25 @ 12:48 PM
Chloride, mg/l	348	348	1	Grab	3/5/25 @ 12:48 PM
Total Phosphorus, mg/l	0.228	0.228	1	Grab	3/5/25 @ 12:52 PM
pH, standard units	7.3	7.3	1	Grab	3/5/25 @ 12:48 PM
Dissolved Oxygen*, mg/l	7.2	7.2	1	Grab	3/5/25 @ 12:48 PM
Chlorine Residual, mg/l	2.20	2.20	1	Grab	3/5/25 @ 12:48 PM
<i>E.coli</i> (CFU/100ml) freshwater	<1	<1	1	Grab	3/5/25 @ 12:48 PM
Enterococci (CFU/100ml) saltwater	N/A	N/A	N/A	N/A	N/A
Total Dissolved Solids, mg/l	784	784	1	Grab	3/5/25 @ 12:48 PM
Electrical Conductivity, $\mu$ mohs/cm, †	N/A	N/A	N/A	N/A	N/A
Oil & Grease, mg/l	N/A	N/A	N/A	N/A	N/A
Alkalinity (CaCO <sub>3</sub> )*, mg/l	N/A	N/A	N/A	N/A	N/A

\*TPDES permits only

†TLAP permits only

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

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

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

Facility Operator Name: Bill Schulle

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

Facility Operator's License Number: WW0056366

## 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 ( $\geq 2$  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
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>
<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>		<a href="#">Choose an item.</a>	<a href="#">Choose an item.</a>

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

### D. Disposal site

Disposal site name: [Texas Landfill Management, DBA Graden-Ville](#)

TCEQ permit or registration number: [WQ0010749-004](#)

County where disposal site is located: [Bexar](#)

### E. Transportation method

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

Name of the hauler: [Texas Disposal Systems](#)

Hauler registration number: [22419](#)

Sludge is transported as a:

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

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

### A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

#### B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

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

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

#### A. Location information

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

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

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

- ☐ Overlap a designated 100-year frequency flood plain
- ☐ Soils with flooding classification
- ☐ Overlap an unstable area
- ☐ Wetlands

☐ Located less than 60 meters from a fault

☐ None of the above

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

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

[Click to enter text.](#)

## B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

## C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

#### D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

#### E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

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

### A. Additional authorizations

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

☐ Yes ☒ No

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

N/A

### 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:

N/A

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

### B. Remediation activity wastewater

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

☐ Yes ☒ No

**C. Details about wastes received**

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

**Attachment:** N/A

## 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: CJ Watts

Title: Mayor

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

Date: 4/17/2025

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

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☐ No

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

### A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☐ Agricultural runoff

☐ Septic tanks

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

## B. Waterbody uses

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

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

## C. Waterbody aesthetics

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

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

# DOMESTIC WASTEWATER PERMIT APPLICATION

## WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

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

#### A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

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

Significant IUs - non-categorical:

Number of IUs: 0

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

Other IUs:

Number of IUs: 0

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

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

N/A

### 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.

N/A

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

### E. Service Area Map

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

**Attachment:** See Exhibit J

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

### A. Substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

#### B. Non-substantial modifications

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

☐ Yes ☐ No

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

Click to enter text.

#### C. Effluent parameters above the MAL

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

Table 6.0(1) – Parameters Above the MAL

Pollutant	Concentration	MAL	Units	Date

#### D. Industrial user interruptions

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

☐ Yes ☐ No

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

Click to enter text.

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

#### A. General information

Company Name: N/A

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).

N/A

#### C. Product and service information

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

N/A

#### D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: N/A

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: N/A

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.

N/A



**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT A**

**Core Data Form**

**TCEQ CORE DATA FORM**

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

**SECTION I: GENERAL INFORMATION**

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)		<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600243240		RN 103015061

[Follow this link to search for CN or RN numbers in Central Registry\\*\\*](#)

**SECTION II: CUSTOMER INFORMATION**

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		4/1/2025	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<b>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).</b>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
City of Luling					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>		<b>13. Independently Owned and Operated?</b>			
<input type="checkbox"/> 0-20 <input checked="" 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			
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>					
City of Luling					
509 E. Crockett					
City		Luling	State	TX	ZIP
					78648
					ZIP + 4
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				citysecretary@cityofluling.net	
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	
( 830 ) 875-2481				( ) -	

**SECTION III: REGULATED ENTITY INFORMATION**

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
<b>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).</b>	
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)	
Ottine Warm Springs WWTP	

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:	LOCATED APPROXIMATELY 1000 FEET SOUTH OF THE INTERSECTION OF FM RD 1586 AND FM RD 2091 IN GONZALES COUNTY						
26. Nearest City	State				Nearest ZIP Code		
Ottine	TX				78629		
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:	29.593361			28. Longitude (W) In Decimal:	97.583361		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	35	36.1	97	35	00.1		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952			221320				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Domestic wastewater treatment							
34. Mailing Address:	City of Luling						
	509 E. Crockett						
	City	Luling	State	TX	ZIP	78648	ZIP + 4
35. E-Mail Address:	citysecretary@cityofluling.net						
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)			
( 830 ) 875-2481				( ) -			

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.

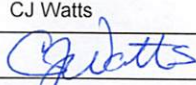
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
WQ0010943-001				

#### SECTION IV: PREPARER INFORMATION

40. Name:	Mark A. Rudolph, P.E.	41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 979 ) 836-7937		( ) -	mark.rudolph@strand.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.

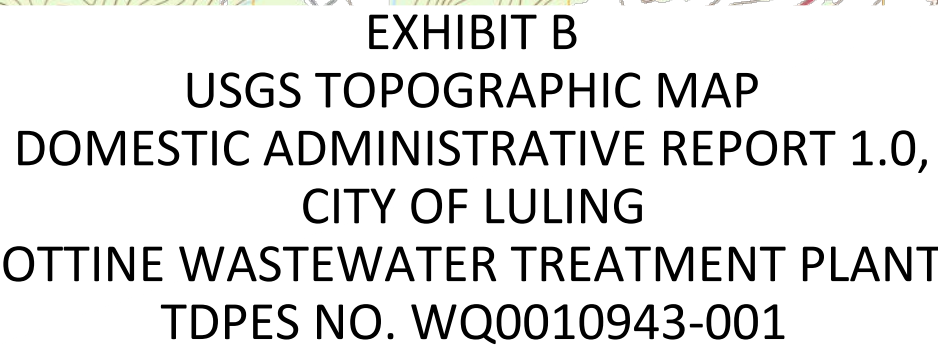
Company:	City of Luling	Job Title:	Mayor
Name (In Print):	CJ Watts	Phone:	( 830 ) 875- 2481
Signature:		Date:	4/17/2025

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT B**

**USGS Map**





OTTINE, TX  
2022





**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT C**

**Plain Language Summary**



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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

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

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

The City of Luling (CN600243240) operates the Ottine Mineral Springs Wastewater Treatment Plant (RN103015061), a municipal domestic wastewater treatment facility. The facility is located at approximately 1000 feet south of the intersection of FM1586 and FM 2091 in Gonzales County, Texas. This application is for renewal of an existing TPDES discharge permit.

Discharges from the facility are expected to contain biochemical oxygen demand and suspended solids. Municipal domestic wastewater is treated by an Imhoff Tank process consisting of an influent screen, settling tanks, a trickling filter, and a chlorine contact basin.

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT D**

**SPIF Form**



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

### FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

#### TCEQ USE ONLY:

Application type: \_\_\_\_Renewal \_\_\_\_Major Amendment \_\_\_\_Minor Amendment \_\_\_\_New

County: \_\_\_\_\_ Segment Number: \_\_\_\_\_

Admin Complete Date: \_\_\_\_\_

Agency Receiving SPIF:

\_\_\_\_ Texas Historical Commission

\_\_\_\_ U.S. Fish and Wildlife

\_\_\_\_ Texas Parks and Wildlife Department

\_\_\_\_ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: City of Luling

Permit No. WQ00 10943-001

EPA ID No. TX 0030970

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

LOCATED APPROXIMATELY 1000 FEET SOUTH OF THE INTERSECTION OF FM RD 1586 AND FM RD 2091 IN GONZALES COUNTY

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

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Bill Schulle

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

Title: Wastewater Superintendent

Mailing Address: 509 E. Crockett

City, State, Zip Code: Luling, TX 78648

Phone No.: 830-875-2481 Ext.:  Fax No.:

E-mail Address: wastewatersuper@cityofluling.net

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

Same as permittee.

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.

To an unnamed tributary, thence to the Lower San Marcos Rive in Segment No. 1808 of the Guadalupe River Basin.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

None

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

The site is currently used for a wastewater treatment plant.

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

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

N/A

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

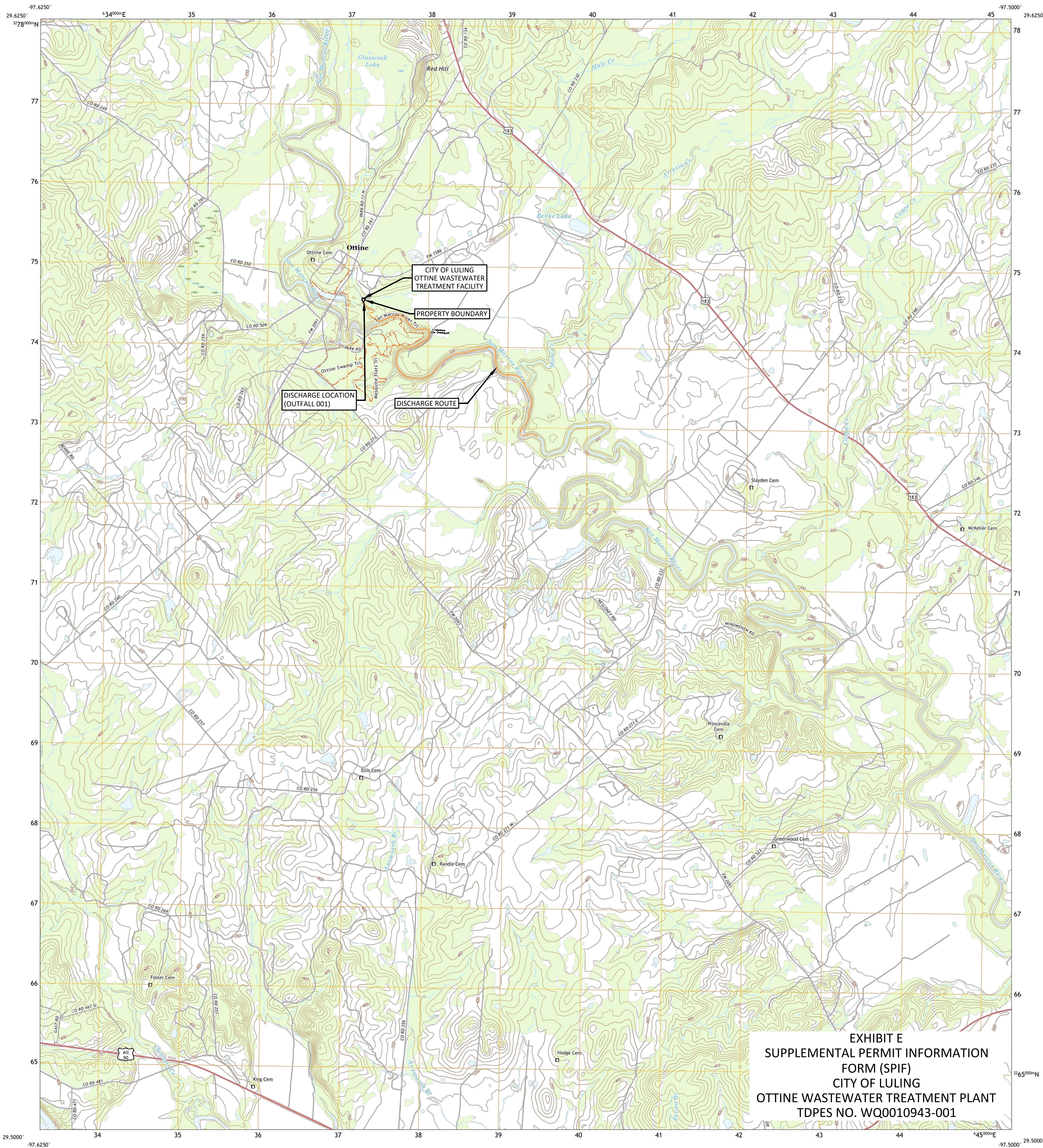
N/A

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT E**

**SPIF Map**



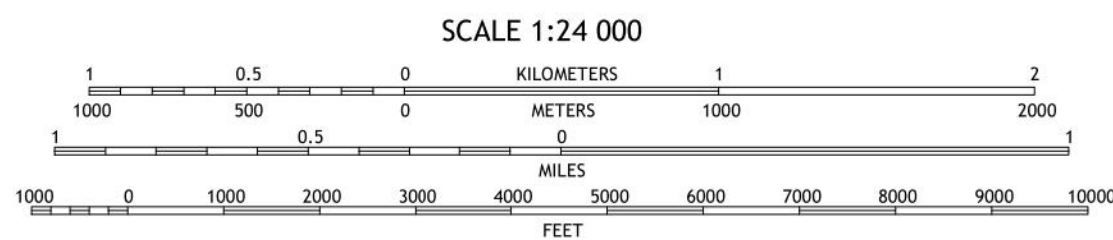
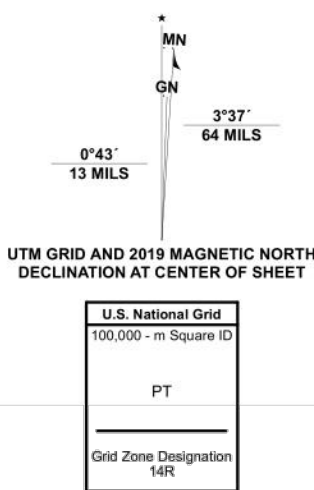


**EXHIBIT E**  
**SUPPLEMENTAL PERMIT INFORMATION**  
**FORM (SPI)**  
**CITY OF LULING**  
**OTTINE WASTEWATER TREATMENT PLANT**  
**TDPS NO. WQ0010943-001**

**Produced by the United States Geological Survey**

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

Imagery.....NAIP, September 2016 - November 2016  
Roads.....U.S. Census Bureau, 2015 - 2019  
Names.....GNIS, 1979 - 2019  
Hydrography.....National Hydrography Dataset, 2002 - 2018  
Contours.....National Elevation Dataset, 2021  
Boundaries.....Multiple sources; see metadata file 2019 - 2021  
Wetlands.....FWS National Wetlands Inventory Not Available



CONTOUR INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
This map was produced to conform with the  
National Geospatial Program US Topo Product Standard.



1	2	3
4	5	6
7	8	9

1 Luling  
2 Harwood  
3 Sandy Fork  
4 Belmont  
5 Gonzales North  
6 Leesville  
7 Cast  
8 Gonzales South

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

**OTTINE, TX**  
**2022**





**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT F**

**Description of Treatment Process**

**CITY OF LULING  
NORTH WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010582-002**

**EXHIBIT F**

**DESCRIPTION OF THE TREATMENT PROCESS**

The City of Luling Ottine Warm Springs Wastewater Treatment Plant utilizes an Imhoff settling tank and trickling filter configuration to perform secondary treatment.

Raw sewage from the collection system enters the plant and flows to an influent lift station. Wastewater is then pumped to a primary Imhoff settling tank which gravity flows to a second Imhoff settling tank, then to a trickling filter, followed by a chlorine contact chamber for disinfection.

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT G**

**Treatment Units**



**CITY OF LULING  
OTTINE WARM SPRINGS WWTP  
TPDES NO. WQ0010943-001**

**EXHIBIT G**

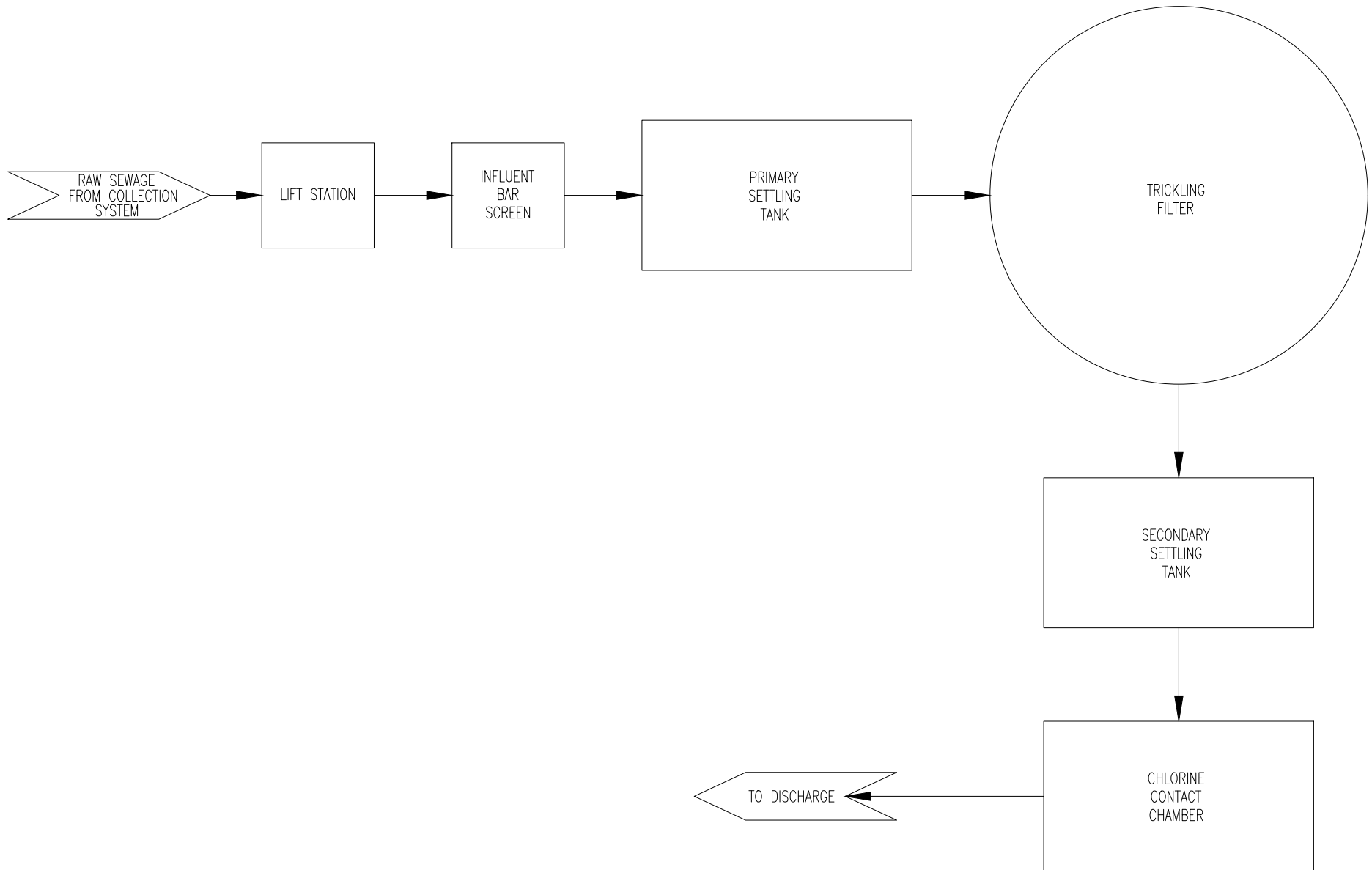
**Treatment Units**

<b>Treatment Unit Type</b>	<b>Number of Units</b>	<b>Dimensions (L x W x D)</b>
Primary Settling Tank	1	16.5' x 12.5' x 18'
Secondary Settling Tank	1	17' x 14' x 12'
Trickling Filter	1	37' Dia. X 12'
Chlorine Contact Tank	1	9' x 7' x 10'

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT H**

**Process Flow Diagram**



Strand Associates, Inc.  
 TBPE No. F-8405  
 1906 Niebuhr Street  
 Brenham, Texas 77833  
 (979) 836-7937

CITY OF LULING  
 OTTINE WASTEWATER TREATMENT PLANT  
 TPDES NO. WQ0010943-001  
 EXHIBIT H - PROCESS FLOW DIAGRAM

Scale: NTS

Project Number: 5159.004

Drawn By: CDS Date: 03-18-25

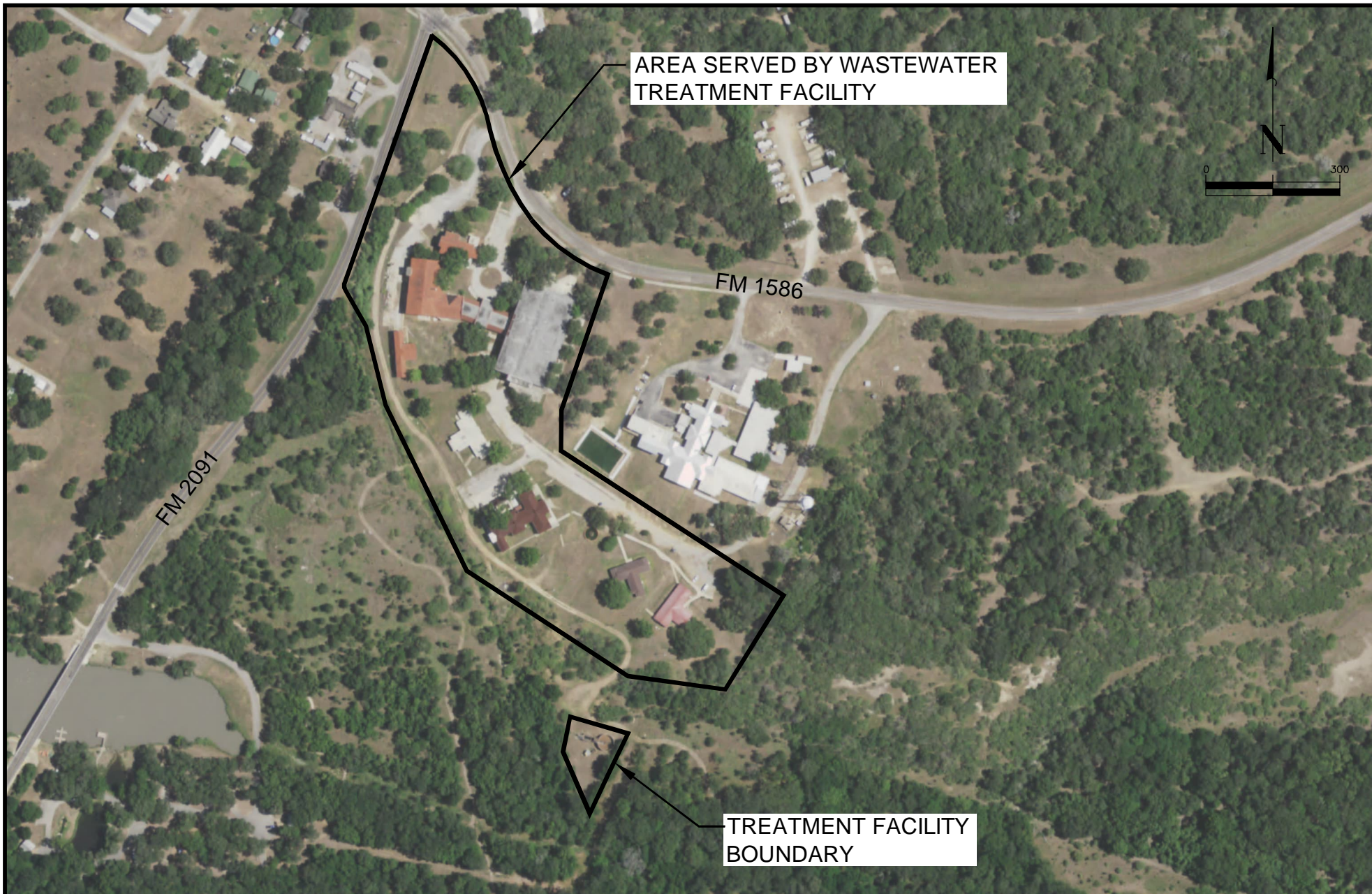
Revised:

Sheet Number: 1 ...Of.... 1

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT I**

**Site Drawing**



Strand Associates, Inc.  
TBPE No. F-8405  
1906 Niebuhr Street  
Brenham, Texas 77833  
(979) 836-7937

CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES NO. WQ0010943-001  
EXHIBIT I - SITE DRAWING

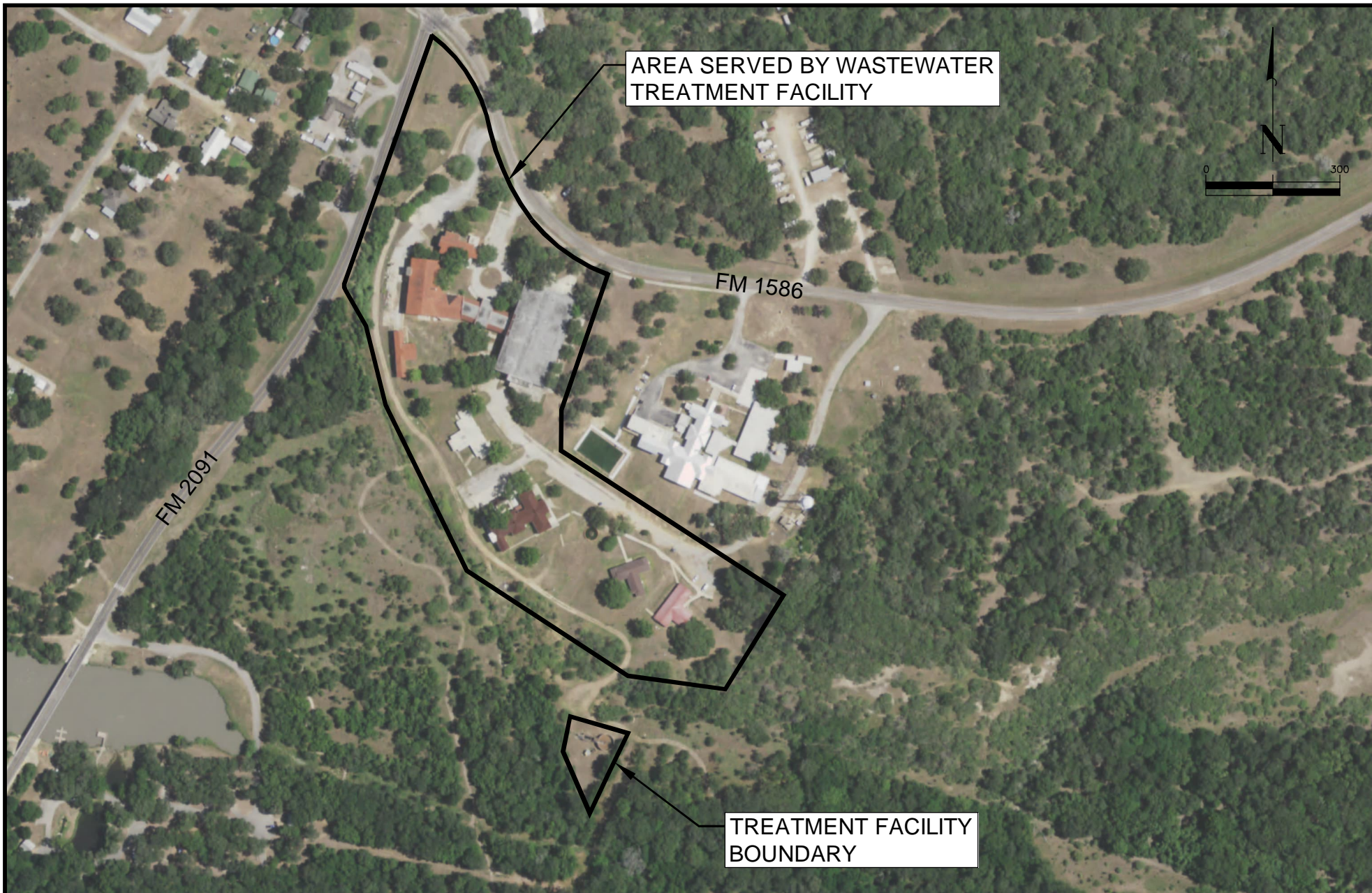
Scale: NTS	
Project Number: 5159.004	
Drawn By: CDS	Date: 03-19-25
Revised:	
Sheet Number: 1	....Of.... 1

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT J**

**Service Area Map**





Strand Associates, Inc.  
 TBPE No. F-8405  
 1906 Niebuhr Street  
 Brenham, Texas 77833  
 (979) 836-7937

CITY OF LULING  
 OTTINE WASTEWATER TREATMENT PLANT  
 TPDES NO. WQ0010943-001  
 EXHIBIT J - SERVICE AREA MAP

Scale: NTS	
Project Number: 5159.004	
Drawn By: CDS	Date: 03-19-25
Revised:	
Sheet Number: 1	....Of.... 1

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT K**

**Lab Test Results**



Amended Report This report replaces all previous versions of this Work Order: 250305.16



# Report of Analysis



**For:** 420083 - City of Luling  
509 E Crockett Dr  
Luling, TX 78648

Released By: Kyle Gudgell  
Title: Lead Technical Manager

I am the laboratory manager, or his/her designee, and I am responsible for the release of this data package. This laboratory data package has been reviewed and is complete and technically compliant with the requirements of the methods used, except where noted. I affirm, to the best of my knowledge that all problems/anomalies observed by this laboratory (and if applicable, any and all laboratories subcontracted through this laboratory) that might affect the quality of the data, have been identified in the report, and that no information or data have been knowingly withheld that would affect the quality of the data.

This Laboratory is NELAP accredited. Scope: Non-potable water, potable water.

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA  
2 Parameter is approved under TCEQ Drinking Water Program

933 East Court Street  
Seguin, TX 78155  
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

**Work Order:** 250305.16

Page 1 of 9

Amended Report This report replaces all previous versions of this Work Order: 250305.16

Lab Sample ID: 250305.16-01  
Site: Offline Permit

Collection Date/Time: 3/5/2025 12:48 PM  
Receive Date/Time: 3/5/2025 02:03 PM

Sample Matrix: Waste Water  
Sample Type: Grab

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
Anions - Chloride	EPA 300.0 Rev. 2.1	348 mg/L	4	4		3/6/2025 09:31 AM	MLH		
Anions - Nitrate	EPA 300.0 Rev. 2.1	2.29 mg/L	4	0.2		3/6/2025 08:35 PM	MLH		
Anions - Sulfate	EPA 300.0 Rev. 2.1	7.96 mg/L	4	4		3/6/2025 09:31 AM	MLH		
1 Chlorine Residual (field)	Hach 8167/ SM 4500-Cl G	2.20 mg/L	1			3/5/2025 12:48 PM			
Field results provided by customer									
Total Dissolved Solids	SM 2540 C	784 mg/L	2	20		3/7/2025 01:38 PM	MD		
Total Suspended Solids	SM 2540 D	1.00 mg/L	1	0.5		3/7/2025 06:57 PM	MD		
1 pH (Lab)	SM 4500 H+B	7.3 SU	1	1	Q	3/5/2025 02:59 PM	MT		
1 Dissolved Oxygen (Field)	SM 4500-O G	7.20000000 mg/L	1			3/5/2025 12:48 PM			
Field results provided by customer									
Carbonaceous Biochemical Oxygen Demand (CBOD)	SM 5210 B	2 mg/L	1	1		3/5/2025 03:22 PM	MT	3/10/2025 11:00 AM	MT

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA  
2 Parameter is approved under TCEQ Drinking Water Program

Amended Report This report replaces all previous versions of this Work Order: 250305.16

Lab Sample ID: 250305.16-02  
Site: Offline Permit

Collection Date/Time: 3/5/2025 12:52 PM  
Receive Date/Time: 3/5/2025 02:03 PM

Sample Matrix: Waste Water  
Sample Type: Grab

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
Ammonia as N	EPA 350.1 Rev. 2	< 0.10 mg/L	1	0.1		3/11/2025 03:18 PM	MW		
Total Kjeldahl Nitrogen (TKN)	EPA 351.2 Rev. 2	0.42 mg/L	1	0.2		3/10/2025 05:25 PM	MW		
Total Phosphorus	EPA 365.3	0.228 mg/L	1	0.02		3/13/2025 09:43 AM	MW		

Lab Sample ID: 250305.16-03  
Site: Offline Permit

Collection Date/Time: 3/5/2025 12:56 PM  
Receive Date/Time: 3/5/2025 02:03 PM

Sample Matrix: Waste Water  
Sample Type: Grab

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
E. coli by Quanti-Tray	IDEX Colilert 18 hr	< 1 MPN/100mL	1	1		3/5/2025 03:07 PM	CS	3/6/2025 09:31 AM	CS

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA  
2 Parameter is approved under TCEQ Drinking Water Program

Amended Report This report replaces all previous versions of this Work Order: 250305.16

LABORATORY TERM AND QUALIFIER DEFINITION REPORT

General Term Definition				
%REC	Percent Recovery	LOQ	Limit of Quantitation	
%RPD	Relative Percent Difference	LR	Low Range	
CCB	Continuing Calibration Verification	MBLK	Method Blank	
CCV	Continuing Calibration Verification	MDL	Method Detection Limit	
D.F.	Dilution Factor	MS	Matrix Spike	
HR	High Range	MSD	Matrix Spike Duplicate	
ICB	Initial Calibration Blank	ND	Not Detected	
ICV	Initial Calibration Verification	QC	Quality Control	
LCS	Laboratory Control Spike	RPL	Reporting Limit	
LCSD	Laboratory Control Spike Duplicate			

Qualifier Definition	
Q	Sample held beyond the accepted holding time

Order Comments	
250305.16	N/A

QC Results

QCBatch ID	QC ID	Parameter	% Recovery / RPD	Control Limits
QC250306.003	250303.14-05: Duplicate 2	E. coli by Quanti-Tray	0.13	
	250303.15-01: Duplicate 1	E. coli by Quanti-Tray	0.1	
	MBLK 1	E. coli by Quanti-Tray	0.0	

NA = not analyzed

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Amended Report This report replaces all previous versions of this Work Order: 250305.16

QC250306.007	250303.14-01: MS 1	Anions - Chloride	105.95	80 - 120
	250303.14-01: MS 1	Anions - Sulfate	95.05	80 - 120
QC250306.009	250303.14-01: MSD 1	Anions - Chloride	0.15	0 - 20
	250303.14-01: MSD 1	Anions - Sulfate	0.01	0 - 20
	250305.17-01: MS 2	Anions - Chloride	102.93	80 - 120
	250305.17-01: MS 2	Anions - Sulfate	93.29	80 - 120
	250305.17-01: MSD 2	Anions - Chloride	0.02	0 - 20
	250305.17-01: MSD 2	Anions - Sulfate	0.13	0 - 20
	LCS 1	Anions - Chloride	95.9	90 - 110
	LCS 1	Anions - Sulfate	97.63	90 - 110
	LCS 2	Anions - Chloride	96.11	90 - 110
	LCS 2	Anions - Sulfate	100.5	90 - 110
	LCSD 1	Anions - Chloride	1.11	0 - 20
	LCSD 1	Anions - Sulfate	3.73	0 - 20
	LCSD 2	Anions - Chloride	1.96	0 - 20
	LCSD 2	Anions - Sulfate	1.8	0 - 20
	LOQ 1	Anions - Chloride	101.25	70 - 130
	LOQ 1	Anions - Sulfate	92.03	70 - 130
	LOQ 2	Anions - Chloride	102.91	70 - 130
	LOQ 2	Anions - Sulfate	96.67	70 - 130
	MBLK 1	Anions - Chloride	0.0	0 - 1
	MBLK 1	Anions - Sulfate	0.0	0 - 1
QC250306.009	MBLK 2	Anions - Chloride	0.08	0 - 1
	MBLK 2	Anions - Sulfate	0.0	0 - 1
	250303.14-01: MS 1	Anions - Nitrate	95.29	80 - 120
	250303.14-01: MSD 1	Anions - Nitrate	0.22	0 - 20
	250306.05-02: MS 2	Anions - Nitrate	0.0	80 - 120
	250306.05-02: MSD 2	Anions - Nitrate	0.53	0 - 20
	LCS 1	Anions - Nitrate	100.6	90 - 110
	LCS 2	Anions - Nitrate	101.81	90 - 110
	LCSD 1	Anions - Nitrate	3.38	0 - 20
	LCSD 2	Anions - Nitrate	0.04	0 - 20
	LOQ 1	Anions - Nitrate	97.2	70 - 130
	MBLK 1	Anions - Nitrate	0.0	0 - 1

NA = not analyzed

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Amended Report This report replaces all previous versions of this Work Order: 250305.16

QC250307.003	MBLK 2	Anions - Nitrate	0.0
	250305.03-03: Duplicate 1	Total Suspended Solids	0.11
	250305.03-04: Duplicate 3	Total Suspended Solids	1.02
	250305.04-01: Duplicate 4	Total Suspended Solids	5.09
	250306.01-02: Duplicate 7	Total Suspended Solids	5.43
	250306.03-02: Duplicate 6	Total Suspended Solids	0.0
	250306.04-02: Duplicate 5	Total Suspended Solids	1.83
	250306.04-04: Duplicate 2	Total Suspended Solids	0.43
	LCS 1	Total Suspended Solids	107.0
	LCS 2	Total Suspended Solids	75.6
	LCS 3	Total Suspended Solids	90.2
	LCS 4	Total Suspended Solids	90.8
	LCS 5	Total Suspended Solids	95.4
	LCS 6	Total Suspended Solids	100.0
	LCS 7	Total Suspended Solids	101.0
	MBLK 1	Total Suspended Solids	0.0
	MBLK 2	Total Suspended Solids	0.0
	MBLK 3	Total Suspended Solids	0.0
	MBLK 4	Total Suspended Solids	0.0
	MBLK 5	Total Suspended Solids	0.0
	MBLK 6	Total Suspended Solids	0.0
	MBLK 7	Total Suspended Solids	0.0
QC250307.006	250228.05-01: Duplicate 1	pH (Lab)	0.38
	250305.04-03: Duplicate 2	pH (Lab)	0.95
	CCV 1	pH (Lab)	100.29
	ICV 1	pH (Lab)	100.43
QC250307.007	250305.16-01: Duplicate 1	Total Dissolved Solids	1.03
	LCS 1	Total Dissolved Solids	95.76
	MBLK 1	Total Dissolved Solids	0.0
QC250307.011	250304.03-02: Duplicate 2	Carbonaceous Biochemical Oxygen Demand (CBOD)	0 - 15.4
	250304.09-03: Duplicate 1	Carbonaceous Biochemical Oxygen Demand (CBOD)	0 - 15.4

NA = not analyzed

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# Amended Report

This report replaces all previous versions of this Work Order: 250305.16

QC250311.003	250305.08-02: Duplicate 3	Carbonaceous Biochemical Oxygen Demand (CBOD)	1.94	0 - 15.4
	CBOD GGA 1	Carbonaceous Biochemical Oxygen Demand (CBOD)	91.92	84.6 - 115.4
	Dilution Blank 1	Carbonaceous Biochemical Oxygen Demand (CBOD)	0.0	
	250221.05-06: MS 1	Total Kjeldahl Nitrogen (TKN)	107.63	90 - 110
	250221.05-06: MSD 1	Total Kjeldahl Nitrogen (TKN)	4.52	0 - 15
	250227.13-03: MS 2	Total Kjeldahl Nitrogen (TKN)	97.96	90 - 110
	250227.13-03: MSD 2	Total Kjeldahl Nitrogen (TKN)	26.59	0 - 15
	250228.06-03: MS 3	Total Kjeldahl Nitrogen (TKN)	16.13	90 - 110
	250228.06-03: MSD 3	Total Kjeldahl Nitrogen (TKN)	-1334.34	0 - 15
	250305.13-03: MS 4	Total Kjeldahl Nitrogen (TKN)	111.57	90 - 110
	250305.13-03: MSD 4	Total Kjeldahl Nitrogen (TKN)	7.08	0 - 15
	LCS 1	Total Kjeldahl Nitrogen (TKN)	109.83	90 - 110
	LCS 2	Total Kjeldahl Nitrogen (TKN)	96.07	90 - 110
	LCS 3	Total Kjeldahl Nitrogen (TKN)	92.89	90 - 110
	LCS 4	Total Kjeldahl Nitrogen (TKN)	92.4	90 - 110
	LCSD 1	Total Kjeldahl Nitrogen (TKN)	7.73	0 - 15
	LCSD 2	Total Kjeldahl Nitrogen (TKN)	3.04	0 - 15
	LCSD 3	Total Kjeldahl Nitrogen (TKN)	7.5	0 - 15
	LCSD 4	Total Kjeldahl Nitrogen (TKN)	1.76	0 - 15
	LOQ 1	Total Kjeldahl Nitrogen (TKN)	110.26	70 - 130
	LOQ 2	Total Kjeldahl Nitrogen (TKN)	112.26	70 - 130
	LOQ 3	Total Kjeldahl Nitrogen (TKN)	112.95	70 - 130
	LOQ 4	Total Kjeldahl Nitrogen (TKN)	116.71	70 - 130
	MBLK 1	Total Kjeldahl Nitrogen (TKN)	0.0	
QC250312.004	MBLK 2	Total Kjeldahl Nitrogen (TKN)	-0.03	
	MBLK 3	Total Kjeldahl Nitrogen (TKN)	-0.12	
	MBLK 4	Total Kjeldahl Nitrogen (TKN)	-0.2	
	250228.04-04: MS 1	Ammonia as N	100.49	90 - 110
	250228.04-04: MSD 1	Ammonia as N	6.38	0 - 15
	250303.14-04: MS 2	Ammonia as N	103.65	90 - 110
	250303.14-04: MSD 2	Ammonia as N	1.43	0 - 15

NA = not analyzed

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Amended Report This report replaces all previous versions of this Work Order: 250305.16

250304.01-01: MS 3	Ammonia as N	103.2	90 - 110
250304.01-01: MSD 3	Ammonia as N	8.25	0 - 15
250304.09-01: MS 4	Ammonia as N	110.92	90 - 110
250304.09-01: MSD 4	Ammonia as N	0.2	0 - 15
250306.03-01: MS 5	Ammonia as N	108.92	90 - 110
250306.03-01: MSD 5	Ammonia as N	5.52	0 - 15
250306.05-01: MS 6	Ammonia as N	105.04	90 - 110
250306.05-01: MSD 6	Ammonia as N	12.07	0 - 15
LCS 1	Ammonia as N	98.41	90 - 110
LCS 2	Ammonia as N	98.92	90 - 110
LCS 3	Ammonia as N	98.56	90 - 110
LCS 4	Ammonia as N	103.09	90 - 110
LCS 5	Ammonia as N	94.59	90 - 110
LCS 6	Ammonia as N	92.66	90 - 110
LCSD 1	Ammonia as N	1.37	0 - 15
LCSD 2	Ammonia as N	2.2	0 - 15
LCSD 3	Ammonia as N	8.7	0 - 15
LCSD 4	Ammonia as N	0.0	0 - 15
LCSD 5	Ammonia as N	5.61	0 - 15
LCSD 6	Ammonia as N	5.23	0 - 15
LOQ 1	Ammonia as N	70.66	70 - 130
LOQ 2	Ammonia as N	74.63	70 - 130
LOQ 3	Ammonia as N	90.96	70 - 130
MBLK 1	Ammonia as N	-0.02	0 - 0.1
MBLK 2	Ammonia as N	-0.02	0 - 0.1
MBLK 3	Ammonia as N	-0.01	0 - 0.1
MBLK 4	Ammonia as N	-0.02	0 - 0.1
MBLK 5	Ammonia as N	-0.02	0 - 0.1
MBLK 6	Ammonia as N	-0.01	0 - 0.1
QC250313.007	250228.05-02: MS 1	112.07	80 - 120
	250228.05-02: MSD 1	0.12	0 - 15
	250303.14-01: MS 2	109.95	80 - 120
	250303.14-01: MSD 2	1.82	0 - 15
	250304.01-01: MS 3	112.06	80 - 120

NA = not analyzed

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Amended Report This report replaces all previous versions of this Work Order: 250305.16

250304.01-01: MSD 3	Total Phosphorus	0.94	0 - 15
250304.07-01: MS 4	Total Phosphorus	115.94	80 - 120
250304.07-01: MSD 4	Total Phosphorus	1.51	0 - 15
250306.02-01: MS 5	Total Phosphorus	99.62	80 - 120
250306.02-01: MSD 5	Total Phosphorus	6.78	0 - 15
250306.13-01: MS 6	Total Phosphorus	115.67	80 - 120
250306.13-01: MSD 6	Total Phosphorus	1.19	0 - 15
LCS 1	Total Phosphorus	110.91	75 - 125
LCS 2	Total Phosphorus	112.69	75 - 125
LCS 3	Total Phosphorus	111.83	75 - 125
LCS 4	Total Phosphorus	112.19	75 - 125
LCS 5	Total Phosphorus	114.32	75 - 125
LCS 6	Total Phosphorus	111.81	75 - 125
LCSD 1	Total Phosphorus	1.5	0 - 15
LCSD 2	Total Phosphorus	1.7	0 - 15
LCSD 3	Total Phosphorus	3.37	0 - 15
LCSD 4	Total Phosphorus	2.74	0 - 15
LCSD 5	Total Phosphorus	0.68	0 - 15
LCSD 6	Total Phosphorus	0.56	0 - 15
LOQ 1	Total Phosphorus	105.45	75 - 125
LOQ 2	Total Phosphorus	99.5	75 - 125
LOQ 3	Total Phosphorus	101.4	75 - 125
LOQ 4	Total Phosphorus	108.15	75 - 125
MBLK 1	Total Phosphorus	0.0	
MBLK 2	Total Phosphorus	0.0	
MBLK 3	Total Phosphorus	0.0	
MBLK 4	Total Phosphorus	0.0	
MBLK 5	Total Phosphorus	0.0	
MBLK 6	Total Phosphorus	0.0	

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA  
2 Parameter is approved under TCEQ Drinking Water Program



Guadalupe-Blanco River Authority



# Chain-Of-Custody Record

[illegible]

**CITY OF LULING  
OTTINE WASTEWATER TREATMENT PLANT  
TPDES PERMIT NO. WQ0010943-001**

**EXHIBIT L**

**Copy of Application Payment**

# WATER QUALITY PERMIT

## PAYMENT SUBMITTAL FORM

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

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

**Mail this form and the check or money order to:**

**BY REGULAR U.S. MAIL**

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

**BY OVERNIGHT/EXPRESS MAIL**

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

**Fee Code: WQP**      **Waste Permit No: WQ0010943-001**

1. Check or Money Order Number: 68890
2. Check or Money Order Amount: \$315.00
3. Date of Check or Money Order: 4/17/2025
4. Name on Check or Money Order: City of Luling

**5. APPLICATION INFORMATION**

Name of Project or Site: Ottine Warm Springs WWTP

Physical Address of Project or Site: Approximately 1,000 feet south of the intersection of FM1586 and FM2019, in Gonzales County, Texas 78629

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

**Staple Check or Money Order in This Space**



CITY OF LULING  
POOLED EQUITY FUND

509 E. CROCKETT  
LULING, TEXAS 78648-2603

068890

VEND:002153 TCEQ

068890 4/17/2025

DATE	I.D.	PO #	DESCRIPTION	AMOUNT
4/14/2025	2025-OTTINE		OTTINE/WARM SPRINGS RENEWAL	315.00
TPDES PERMIT NO. WQ0010943-001, OTTINE WARM SPRINGS WWTP				
CITY OF LULING, PERMIT RENEWAL APP & POSTAGE FEE				

CHECK TOTAL 315.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER.

CITY OF LULING  
POOLED EQUITY FUND  
509 E. CROCKETT  
LULING, TEXAS 78648-2603

INTERNATIONAL BANK  
OF COMMERCE  
LULING BRANCH

068890

DATE 4/17/2025 068890

AMOUNT 315.00

PAY ---- THREE HUNDRED FIFTEEN & 00/100 DOLLARS ----

TO THE  
ORDER  
OF:

TCEQ  
ATTN: CASHIER  
PO BOX 13088  
AUSTIN, TX 78711-3088

VOID AFTER 90 DAYS

*Martha C. Delasquez*  
*Martha C. Delasquez*

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈068890⑈ ⑆114013284⑆ 6000294700⑈

CITY OF LULING  
POOLED EQUITY FUND

509 E. CROCKETT  
LULING, TEXAS 78648-2603

068890

VEND:002153 TCEQ

068890 4/17/2025

DATE	I.D.	PO #	DESCRIPTION	AMOUNT
4/14/2025	2025-OTTINE		OTTINE/WARM SPRINGS RENEWAL	315.00
TPDES PERMIT NO. WQ0010943-001, OTTINE WARM SPRINGS WWTP				
CITY OF LULING, PERMIT RENEWAL APP & POSTAGE FEE				

CHECK TOTAL 315.00

## Rainee Trevino

---

**From:** Rudolph, Mark <Mark.Rudolph@strand.com>  
**Sent:** Wednesday, April 30, 2025 8:39 AM  
**To:** Rainee Trevino  
**Cc:** wastewatersuper@cityofluling.net  
**Subject:** RE: Application to Renew Permit No. WQ0010943001-Notice of Deficiency Letter  
**Attachments:** Luling Core Data Form.pdf; Luling Plain Language Summary.pdf

Rainee,

Please see below and attached for responses to the items in the provided NOD letter:

1. A check was mailed by the City of Luling to the TCEQ on 4/17/25 for the application fee, and a copy of this payment was attached to the application documents as an exhibit for the TCEQ's reference.
2. A revised Core Data form is attached to this email, as requested.
3. A revised Plain Language Summary is attached to this email, as requested.
4. I can confirm this requested name change is correct.
5. I have reviewed the provided draft NORI language and do not have any comments.

Let me know if you need anything else.

Regards,



**Mark Rudolph, P.E.**

Strand Associates, Inc.® (F-8405)

979.836.7937 ext. 6234

[Mark.Rudolph@strand.com](mailto:Mark.Rudolph@strand.com) | [www.strand.com](http://www.strand.com)

P.E. (TX)

*Excellence in Engineering<sup>SM</sup>*

---

**From:** Rainee Trevino <Rainee.Trevino@tceq.texas.gov>  
**Sent:** Tuesday, April 29, 2025 10:08 AM  
**To:** wastewatersuper@cityofluling.net  
**Cc:** Rudolph, Mark <Mark.Rudolph@strand.com>  
**Subject:** Application to Renew Permit No. WQ0010943001-Notice of Deficiency Letter [Filed 29 Apr 2025 11:29]

You don't often get email from [rainee.trevino@tceq.texas.gov](mailto:rainee.trevino@tceq.texas.gov). [Learn why this is important](#)

**[EXTERNAL EMAIL]:** Verify sender before opening links or attachments.

Dear Mr. Schulle,

The attached Notice of Deficiency letter sent on April 29, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by May 13, 2025.

Regards,

**Rainee Trevino**

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324



**TCEQ CORE DATA FORM**

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

**SECTION I: GENERAL INFORMATION**

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
<b>2. Customer Reference Number</b> (if issued)		<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600243240		RN 103015061

[Follow this link to search for CN or RN numbers in Central Registry\\*\\*](#)

**SECTION II: CUSTOMER INFORMATION**

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)		4/1/2025	
<input type="checkbox"/> New Customer		<input checked="" type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<b>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).</b>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				If new Customer, enter previous Customer below:	
City of Luling					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits)		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable)	
<b>11. Type of Customer:</b>		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	
Government: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited	
<b>12. Number of Employees</b>		<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<b>13. Independently Owned and Operated?</b>	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>14. Customer Role</b> (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
<b>15. Mailing Address:</b>					
City of Luling					
509 E. Crockett					
City		Luling	State	TX	ZIP
					78648
ZIP + 4					
<b>16. Country Mailing Information</b> (if outside USA)			<b>17. E-Mail Address</b> (if applicable)		
			citysecretary@cityofluling.net		
<b>18. Telephone Number</b>		<b>19. Extension or Code</b>		<b>20. Fax Number</b> (if applicable)	
( 830 ) 875-2481				( ) -	

**SECTION III: REGULATED ENTITY INFORMATION**

<b>21. General Regulated Entity Information</b> (If 'New Regulated Entity' is selected, a new permit application is also required.)	
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information	
<b>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).</b>	
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)	
Ottine Warm Springs WWTP	



23. Street Address of the Regulated Entity: (No PO Boxes)							
	City		State		ZIP		ZIP + 4
24. County	Gonzales						

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

25. Description to Physical Location:	LOCATED APPROXIMATELY 1000 FEET SOUTH OF THE INTERSECTION OF FM RD 1586 AND FM RD 2091 IN GONZALES COUNTY						
26. Nearest City	State				Nearest ZIP Code		
Ottine	TX				78629		
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:	29.593361			28. Longitude (W) In Decimal:	97.583361		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
29	35	36.1	97	35	00.1		
29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)		
4952			221320				
33. What is the Primary Business of this entity? (Do not repeat the SIC or NAICS description.)							
Domestic wastewater treatment							
34. Mailing Address:	City of Luling						
	509 E. Crockett						
	City	Luling	State	TX	ZIP	78648	ZIP + 4
35. E-Mail Address:	citysecretary@cityofluling.net						
36. Telephone Number	37. Extension or Code			38. Fax Number (if applicable)			
( 830 ) 875-2481				( ) -			

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.

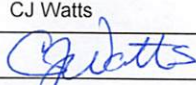
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
WQ0010943-001				

#### SECTION IV: PREPARER INFORMATION

40. Name:	Mark A. Rudolph, P.E.	41. Title:	Project Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
( 979 ) 836-7937		( ) -	mark.rudolph@strand.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 Luling	Job Title:	Mayor
Name (In Print):	CJ Watts	Phone:	( 830 ) 875- 2481
Signature:		Date:	4/17/2025



## 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

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

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

The City of Luling (CN600243240) operates the Ottine Mineral Springs Wastewater Treatment Plant (RN103015061), a municipal domestic wastewater treatment facility. The facility is located at approximately 1000 feet south of the intersection of FM1586 and FM 2091 in Gonzales County, Texas.

This application is for a renewal to discharge at an annual average flow of 40,000 gallons per day of treated domestic wastewater.

Discharges from the facility are expected to contain biochemical oxygen demand and suspended solids. Municipal domestic wastewater is treated by an Imhoff Tank process consisting of an influent screen, settling tanks, a trickling filter, and a chlorine contact basin.