



# Administrative Package Cover Page

**This file contains the following documents:**

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



# Portada de Paquete Administrativo

**Este archivo contiene los siguientes documentos:**

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

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

### AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

La ciudad de Lyford (CN600736656) opera City of Lyford WWTF (RN101920205), una planta de tratamiento de aguas residuales. La instalación está ubicada en 0.6 millas al sur de la intersección de la carretera FM 1921 y la carretera estatal 448, en Lyford, Condado de Willacy, Texas 78569. Esta solicitud es para una renovación para descargar un flujo promedio de 270,000 galones por día de agua doméstica tratada a una zanja de drenaje sin nombre a 0.5 millas al este.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (CBOD<sub>5</sub>), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH<sub>3</sub>-N), Escherichia coli y Enterococos. Consulte la Sección 7 del Informe Técnico para conocer otros posibles contaminantes. Agua residual doméstica . está tratado por un proceso de planta tipo zanja de oxidación que incluye una rejilla de barras, una zanja de oxidación y 3 estanques de estabilización.

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

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# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0011210001

**APPLICATION.** City of Lyford, P.O. Box 310, Lyford, Texas 78569, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011210001 (EPA I.D. No. TX0084719) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 270,000 gallons per day. The domestic wastewater treatment facility is located approximately 0.6 mile miles south of the intersection of Farm-to-Market Road 1921 and State Highway 448, in the city of Lyford, in Willacy County, Texas 78569. The discharge route is from the plant site to an unnamed drainage ditch; thence to Willacy County Main Drain; thence to Hidalgo Main Floodwater Channel; thence to Laguna Madre. TCEQ received this application on May 2, 2025. The permit application will be available for viewing and copying at Lyford City Hall, 13550 Main Avenue, Lyford, in Willacy 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=-97.779444,26.413888&level=18>

**ALTERNATIVE LANGUAGE NOTICE.** Alternative language notice in Spanish is available at:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

**PUBLIC COMMENT / PUBLIC MEETING.** You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a



public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

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

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

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

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

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

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

**INFORMATION AVAILABLE ONLINE.** For details about the status of the application, visit the Commissioners' Integrated Database at [www.tceq.texas.gov/goto/cid](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 Lyford at the address stated above or by calling Ms. Elisa Rosas, City Secretary, at 956-347-3512.

Issuance Date: May 14, 2025

# Comisión de Calidad Ambiental del Estado de Texas



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

**PERMISO NO. WQ0011210001**

**SOLICITUD.** City of Lyford, P.O. Box 310, Lyford, Texas 78569, ha solicitado a la Comisión de Calidad Ambiental del Estado de Texas (TCEQ) para renovar el Permiso No. WQ0011210001 (EPA I.D. No. TX0084719) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar la descarga de aguas residuales tratadas en un volumen que no sobrepasa un flujo promedio diario de 270,000 galones por día. La planta está ubicada aproximadamente 0.6 millas al sur de la intersección de la carretera Farm-to-Market 1921 y la carretera estatal 448, en la ciudad de Lyford de el Condado de Willacy, Texas 78569. La ruta de descarga es del sitio de la planta a una zanja de drenaje sin nombre; de allí al desagüe principal del condado de Willacy; de allí al canal principal de inundaciones de Hidalgo; de ahí a Laguna Madre. La TCEQ recibió esta solicitud el 2 de Mayo del 2025. La solicitud para el permiso estará disponible para leerla y copiarla en Lyford City Hall, 13550 Main Avenue, Lyford, en el condado de Willacy, antes de la fecha de publicación de este aviso en el periódico.

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-97.779444,26.413888&level=18>

**AVISO DE IDIOMA ALTERNATIVO.** El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

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

**COMENTARIO PUBLICO / REUNION PUBLICA.** Usted puede presentar comentarios públicos

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

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

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

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión.

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

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

**INFORMACIÓN DISPONIBLE EN LÍNEA.** Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en [www.tceq.texas.gov/goto/cid](http://www.tceq.texas.gov/goto/cid). Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

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

También se puede obtener información adicional del City of Lyford a la dirección indicada arriba o llamando a Elisa Rosas, secretaria de la ciudad, al 956-347-3512.

Fecha de emisión: 14 de mayo de 2025

**Texas Commission on Environmental Quality**



**Domestic TPDES Wastewater Permit Renewal Application**

*For*

**City of Lyford  
Wastewater Treatment Plant**



April 2025

Prepared by:



**GUZMAN & MUÑOZ**  
ENGINEERING AND SURVEYING, INC.

2020 E. Expressway 83  
Mercedes, Texas 78570



**GUZMAN & MUÑOZ**  
**ENGINEERING AND SURVEYING, INC.**  
Texas Registered Engineering Firm F-8017

2020 E. EXPRESSWAY 83  
MERCEDES, TX 78570

PHONE: (956) 565-4637  
FAX: (956) 565-4636

May 02, 2025

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

**Subject: Submittal of TPDES City of Lyford Wastewater Treatment Plant Permit Renewal  
Application Permit No. WQ0011210001.**

Sir or Madam,

Please find enclosed one (1) original copy of the Domestic Wastewater Permit Application and one (1) copy of the Supplemental Permit Information Form for the City of Lyford Wastewater Treatment Plant Permit No. WQ0011210001.

Should you require any additional information, feel free to contact our office at (956) 565-4637.

Respectfully,

Jose Luiz Muñoz, P.E., S.I.T.  
President



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

## DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Lyford

PERMIT NUMBER (If new, leave blank): WQ0011210001

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"/>
Summary of Application (PLS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Involvement Plan Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 2.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 4.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Worksheet 7.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

### For TCEQ Use Only

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





TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION  
ADMINISTRATIVE REPORT 1.0**

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

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

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

Flow	New/Major Amendment	Renewal
<0.05 MGD	\$350.00 <input type="checkbox"/>	\$315.00 <input type="checkbox"/>
≥0.05 but <0.10 MGD	\$550.00 <input type="checkbox"/>	\$515.00 <input type="checkbox"/>
≥0.10 but <0.25 MGD	\$850.00 <input type="checkbox"/>	\$815.00 <input type="checkbox"/>
≥0.25 but <0.50 MGD	\$1,250.00 <input type="checkbox"/>	\$1,215.00 <input checked="" 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: 24068  
Check/Money Order Amount: 1,215.00  
Name Printed on Check: TCEQ

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

f. For existing permits:

Permit Number: WQ00 11210001

EPA I.D. (TPDES only): TX 0084719

Expiration Date: 09/24/2025

### 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 Lyford, TX

*(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: CN600736656

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: Ms.

Last Name, First Name: Rosas, Elisa

Title: City Secretary

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?

None

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

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

CN: Click to enter text.

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

Prefix: Click to enter text.

Last Name, First Name: Click to enter text.

Title: Click to enter text.

Credential: Click to enter text.

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

### C. Core Data Form

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

## 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: Ms.

Last Name, First Name: Rosas, Elisa

Title: City Secretary

Credential: Click to enter text.

Organization Name: City of Lyford

Mailing Address: P.O. Box 310

City, State, Zip Code: Lyford, TX, 78569

Phone No.: (956) 347-3512

E-mail Address: cityoflyford@lyfordtx.us

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Munoz, Jose

Title: City Engineer

Credential: P.E.

Organization Name: Guzman & Munoz Engineering and Surveying, Inc

Mailing Address: 2020 E. Expressway 83

City, State, Zip Code: Mercedes, TX 78570

Phone No.: (956) 565-4637

E-mail Address: jmunoz@gmes.biz

Check one or both: ☐ Administrative Contact ☒ Technical Contact

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

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

A. Prefix: Ms.

Last Name, First Name: Rosas, Elisa

Title: City Secretary

Credential: Click to enter text.

Organization Name: City of Lyford

Mailing Address: P.O. Box 310

City, State, Zip Code: Lyford, TX, 78569

Phone No.: (956) 347-3512

E-mail Address: cityoflyford@lyfordtx.us

B. Prefix: Mr. Last Name, First Name: Munoz, Jose  
Title: City Engineer Credential: P.E.  
Organization Name: Guzman & Munoz Engineering and Surveying, Inc.  
Mailing Address: 2020 E. Expressway 83 City, State, Zip Code: Mercedes, TX. 78570  
Phone No.: (956)565-4637 E-mail Address: jmunoz@gmes.biz

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

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

Prefix: Ms. Last Name, First Name: Rosas, Elisa  
Title: City Secretary Credential: Click to enter text.  
Organization Name: City of Lyford  
Mailing Address: P.O. Box 310 City, State, Zip Code: Lyford, TX, 78569  
Phone No.: (956) 347-3512 E-mail Address: cityoflyford@lyfordtx.us

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

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

Prefix: Mr. Last Name, First Name: Carrillo, Jesus  
Title: WWTP Operator Credential: WWTP Operator A  
Organization Name: City of Lyford  
Mailing Address: P.O. Box 310 City, State, Zip Code: 78569  
Phone No.: (956) 778-2114 E-mail Address: wo@lyfordtx.us

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

### A. Individual Publishing the Notices

Prefix: Ms. Last Name, First Name: Rosas, Elisa  
Title: City Secretary Credential: Click to enter text.  
Organization Name: City of Lyford  
Mailing Address: P.O. Box 310 City, State, Zip Code: Lyford, TX, 78569  
Phone No.: (956) 347-3512 E-mail Address: cityoflyford@lyfordtx.us

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

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

☐ E-mail Address

☐ Fax

☒ Regular Mail

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

Prefix: Ms.

Last Name, First Name: Rosas, Elisa

Title: City Secretary

Credential: Click to enter text.

Organization Name: City of Lyford

Mailing Address: P.O. Box 310

City, State, Zip Code: Lyford, TX, 78569

Phone No.: (956) 347-3512

E-mail Address: cityoflyford@lyfordtx.us

**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: Lyford City Hall

Location within the building: 13550 Main Ave

Physical Address of Building: 13550 Main Ave

City: Lyford

County: Willacy

Contact (Last Name, First Name): Rosas, Elisa

Phone No.: (956) 347-3512 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? Spanish

#### F. Summary of Application in Plain Language Template

Complete the F. Summary of Application in Plain Language Template (TCEQ Form 20972), also known as the plain language summary or PLS, and include as an attachment.

**Attachment:** Summary of Application in Plain Language Form

#### 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 101920205

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

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

City of Lyford WWTF

C. Owner of treatment facility: Lyford, TX

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

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

Prefix: Click to enter text.

Last Name, First Name: City of Lyford

Title: Click to enter text.

Credential: Click to enter text.

Organization Name: City of Lyford

Mailing Address: P.O. Box 310

City, State, Zip Code: Lyford, TX, 78569

Phone No.: (956) 347-3512

E-mail Address: cityoflyford@lyfordtx.us

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: [Click to enter text.](#)

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

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

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

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

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

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

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

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

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

**Attachment:** N/A

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

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

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

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

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

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

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

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

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

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

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

**Attachment:** 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:

[Click to enter text.](#)

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

☒ Yes ☐ No

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

[Click to enter text.](#)

City nearest the outfall(s): Lyford

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

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

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

Click to enter text.

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

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

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

Click to enter text.

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

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

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

☐ Yes      ☒ No

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

☐ Yes      ☐ No      ☒ Not Applicable

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

Click to enter text.



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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

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

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

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, please provide the following information:

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

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

## Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

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

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

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

Permit Number: WQ0011210001

Applicant: City of Lyford

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): Elisa Rosas

Signatory title: City Secretary

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

*Elisa Rosas*

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

*4/24/2025*

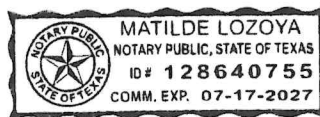
(Use blue ink)

Subscribed and Sworn to before me by the said \_\_\_\_\_

on this 24<sup>th</sup> day of April, 20 25.

My commission expires on the 07-17-2027 day of July, 20 27.

*Matilde Lozoya*  
Notary Public



[SEAL]

Willacy  
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:** Supplemental Permit Information Form

# DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

## **Things to Know:**

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

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

Electronic Application Submittal ☒ Yes  
*(See application submittal requirements on page 23 of the instructions.)*

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

Summary of Application (in Plain Language) ☒ Yes

# **TCEQ Core Data Form**



# TCEQ Core Data Form

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

## SECTION I: General Information

<b>1. Reason for Submission</b> (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
<b>2. Customer Reference Number</b> (if issued)	<a href="#">Follow this link to search for CN or RN numbers in Central Registry**</a>	<b>3. Regulated Entity Reference Number</b> (if issued)
CN 600736656		RN 101920205

## SECTION II: Customer Information

<b>4. General Customer Information</b>		<b>5. Effective Date for Customer Information Updates</b> (mm/dd/yyyy)			
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
<b>6. Customer Legal Name</b> (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
City of Lyford					
<b>7. TX SOS/CPA Filing Number</b>		<b>8. TX State Tax ID</b> (11 digits) 74-1489706		<b>9. Federal Tax ID</b> (9 digits)	
				<b>10. DUNS Number</b> (if applicable) 617732656	
<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>		P.O. BOX 310			
City		Lyford		State	TX
ZIP		78569		ZIP + 4	0310
<b>16. Country Mailing Information</b> (if outside USA)				<b>17. E-Mail Address</b> (if applicable)	
				cityoflyford@lyfordtx.us	

<b>18. Telephone Number</b>	<b>19. Extension or Code</b>	<b>20. Fax Number (if applicable)</b>
( 956 ) 347-3512	N/A	(   )   -

## 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 type="checkbox"/> Update to Regulated Entity Information								
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>								
<b>22. Regulated Entity Name</b> (Enter name of the site where the regulated action is taking place.)								
City of Lyford WWTF								
<b>23. Street Address of the Regulated Entity:</b>  (No PO Boxes)								
	City		State		ZIP		ZIP + 4	
<b>24. County</b>	Willacy County							

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

<b>25. Description to Physical Location:</b>	LOCATED 0.6 MILE S OF THE INTERSECTION OF FM 1921 AND STATE HIGHWAY 448							
<b>26. Nearest City</b>	State				Nearest ZIP Code			
Lyford	TX				78569			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
<b>27. Latitude (N) In Decimal:</b>		26.413888			<b>28. Longitude (W) In Decimal:</b>		-97.779444	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
26	24	49.9968	-97	46	45.9984			
<b>29. Primary SIC Code</b> (4 digits)	<b>30. Secondary SIC Code</b> (4 digits)		<b>31. Primary NAICS Code</b> (5 or 6 digits)		<b>32. Secondary NAICS Code</b> (5 or 6 digits)			
4952			221320					
<b>33. What is the Primary Business of this entity?</b> (Do not repeat the SIC or NAICS description.)								
To treat and discharge wastewater								
<b>34. Mailing Address:</b>	P.O. BOX 310							
	City	Lyford	State	TX	ZIP	78569	ZIP + 4	0310
<b>35. E-Mail Address:</b>	cityoflyford@lyfordtx.us							
<b>36. Telephone Number</b>	<b>37. Extension or Code</b>		<b>38. Fax Number (if applicable)</b>					
( 956 ) 347-3512			(   )   -					

**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.

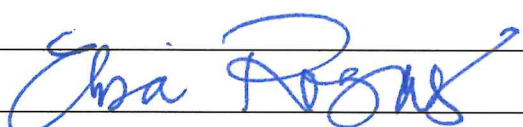
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review 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:
	WQ0011210001			

## **SECTION IV: Preparer Information**

<b>40. Name:</b>	Jose Luis Muñoz		<b>41. Title:</b>	P.E
<b>42. Telephone Number</b>	<b>43. Ext./Code</b>	<b>44. Fax Number</b>	<b>45. E-Mail Address</b>	
( 956 ) 472-2633	N/A	( ) -	jmunoz@gmes.biz	

## **SECTION V: Authorized Signature**

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

<b>Company:</b>	City of Lyford	<b>Job Title:</b>	City Secretary	
<b>Name (In Print):</b>	Elisa Rosas	<b>Phone:</b>	( 956 ) 347- 3512	
<b>Signature:</b>			<b>Date:</b>	4/24/2025



## **Summary of Application In Plain Language**



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

## **Summary of Application (in plain language) Template and Instructions for Texas Pollutant Discharge Elimination System (TPDES) and Texas Land Application (TLAP) Permit Applications**

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

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

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

The City of Lyford (CN600736656) operates City of Lyford WWTF (RN101920205), a wastewater treatment plant. The facility is located at 0.6 miles S of the intersection of FM 1921 and State Highway 448, in Lyford, Willacy County, Texas 78569. This application is for a renewal to discharge at an average flow of 270,000 gallons per day of treated domestic water to an unnamed drainage ditch 0.5 miles to the east.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS), ammonia nitrogen (NH<sub>3</sub>-N), *Escherichia coli*, and *Enterococci*. Please refer to Section 7 of the Domestic Technical Report for other expected potential pollutants. Domestic wastewater is treated by an oxidation ditch type plant process which includes a bar screen, oxidation ditch and 3 stabilization ponds.

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

### AGUAS RESIDUALES DOMESTICAS /AGUAS PLUVIALES

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

La ciudad de Lyford (CN600736656) opera City of Lyford WWTF (RN101920205), una planta de tratamiento de aguas residuales. La instalación está ubicada en 0.6 millas al sur de la intersección de la carretera FM 1921 y la carretera estatal 448, en Lyford, Condado de Willacy, Texas 78569. Esta solicitud es para una renovación para descargar un flujo promedio de 270,000 galones por día de agua doméstica tratada a una zanja de drenaje sin nombre a 0.5 millas al este.

Se espera que las descargas de la instalación contengan demanda bioquímica de oxígeno carbonoso de cinco días (CBOD<sub>5</sub>), sólidos suspendidos totales (SST), nitrógeno amoniacal (NH<sub>3</sub>-N), Escherichia coli y Enterococos. Consulte la Sección 7 del Informe Técnico para conocer otros posibles contaminantes. Agua residual doméstica . está tratado por un proceso de planta tipo zanja de oxidación que incluye una rejilla de barras, una zanja de oxidación y 3 estanques de estabilización.



# 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 42)

#### A. Existing/Interim I Phase

Design Flow (MGD): 0.270

2-Hr Peak Flow (MGD): 0.687

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### B. Interim II Phase

Design Flow (MGD): Click to enter text.

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

Estimated construction start date: Click to enter text.

Estimated waste disposal start date: Click to enter text.

#### C. Final Phase

Design Flow (MGD): 0.270

2-Hr Peak Flow (MGD): 0.687

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: 04/04/1991

### Section 2. Treatment Process (Instructions Page 42)

#### A. Current Operating Phase

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

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

The sewage for the city of Lyford and surrounding areas are collected in eight lift stations located in various parts of the city. The sewage is then transported from these lift stations via force mains to the wastewater treatment plant site. The wastewater treatment plant consists of a bar screen, an oxidation ditch, and three stabilization ponds labeled stabilization pond 1, stabilization pond 2, and stabilization pond 3. The discharge is from stabilization pond 2 by a submersible pump with a flow meter to measure the effluent flow and is transported via a 4-inch diameter force main to a drainage ditch located approximately 0.5 miles from the facility. The effluent is discharged only when the water level has become unmanageable.

## 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)
Bar Screen	1	29.25" x 24"X 1.5"
Oxidation Ditch	1	210'x 75'
Stabilization Pond	3	580'x280'x2.5', 440'x480'x4', 380'x330'

## C. Process Flow Diagram

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

**Attachment:** Process Flow Diagram

## Section 3. Site Information and Drawing (Instructions Page 43)

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

- Latitude: 26.415469
- Longitude: -97.767733

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: Maps**

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

Incorporated areas of the city of Lyford, TX.

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

**Collection System Information**

Collection System Name	Owner Name	Owner Type	Population Served
Lyford WWTF	Lyford, TX	Publicly Owned	2,200
		Choose an item.	
		Choose an item.	
		Choose an item.	

**Section 4. Unbuilt Phases (Instructions Page 44)**

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 44)**

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 44)

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: 04/04/1991

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.**

WWTP rehabilitation approved for construction without technical review of plans & specifications on 05/23/2019.

### 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*.

Click to enter text.

### D. Grit and grease treatment

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

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

☐ Yes ☒ No

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

#### 2. Grit and grease processing

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

Click to enter text.

#### 3. Grit disposal

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

☐ Yes ☐ No

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



Describe the method of grit disposal.

Click to enter text.

#### 4. Grease and decanted liquid disposal

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

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

Click to enter text.

### E. Stormwater management

#### 1. Applicability

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

#### 2. MSGP coverage

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

#### 3. Conditional exclusion

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

☐ Yes ☐ No

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

Click to enter text.

**4. Existing coverage in individual permit**

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

☐ Yes ☐ No

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

Click to enter text.

**5. Zero stormwater discharge**

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☐ No

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

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

[Click to enter text.](#)

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

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

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

[Click to enter text.](#)

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

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

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

☐ Yes ☒ No

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

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

[Click to enter text.](#)

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

##### 2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

☐ Yes ☒ No

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

Click to enter text.

## Section 7. Pollutant Analysis of Treated Effluent (Instructions Page 49)

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD <sub>5</sub> , mg/l	27.8	27.8	1	Grab	3-24-2025/1200
Total Suspended Solids, mg/l	47.2	47.2	1	Grab	3-24-2025/1200
Ammonia Nitrogen, mg/l	68.5	68.5	1	Grab	3-24-2025/1200
Nitrate Nitrogen, mg/l	<0.1	<0.1	1	Grab	3-24-2025/1200
Total Kjeldahl Nitrogen, mg/l	101	101	1	Grab	3-24-2025/1200
Sulfate, mg/l	570	570	1	Grab	3-24-2025/1200
Chloride, mg/l	371	371	1	Grab	3-24-2025/1200
Total Phosphorus, mg/l	6.96	6.96	1	Grab	3-24-2025/1200
pH, standard units	7.8	7.8	1	Grab	3-24-2025/1200
Dissolved Oxygen*, mg/l	5.0	5.0	1	Grab	3-24-2025/1200
Chlorine Residual, mg/l	<0.05	<0.05	1	Grab	3-24-2025/1200
<i>E.coli</i> (CFU/100ml) freshwater	>2419.6	>2419.6	1	Grab	3-25-2025/1130
Enterococci (CFU/100ml) saltwater	>2419.6	>2419.6	1	Grab	3-25-2025/1130
Total Dissolved Solids, mg/l	1480	1480	1	Grab	3-24-2025/1200
Electrical Conductivity, $\mu$ mohs/cm, †	2860	2860	1	Grab	3-24-2025/1200
Oil & Grease, mg/l	5.29	5.29	1	Grab	3-24-2025/1200
Alkalinity (CaCO <sub>3</sub> )*, mg/l	320	320	1	Grab	3-24-2025/1200

\*TPDES permits only

†TLAP permits only

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

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

## Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Jesus Carrillo

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

Facility Operator's License Number: WW0029610

## Section 9. Sludge and Biosolids Management and Disposal (Instructions Page 50)

### A. WWTP's Sewage Sludge or 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 Sewage Sludge or 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: Stabilization ponds

### C. Sewage Sludge or Biosolids Management

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

permit will authorize all sewage sludge or biosolids management practices listed in the instructions. Rather indicate the management practice the facility plans to use.

#### Biosolids Management

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

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

#### D. Disposal site

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

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

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

#### E. Transportation method

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

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

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

Sludge is transported as a:

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

## Section 10. Permit Authorization for Sewage Sludge Disposal (Instructions Page 52)

#### A. Beneficial use authorization

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

☐ Yes ☒ No

If yes, are you requesting to continue this authorization to land apply biosolids 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 Biosolids	<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 54)

### A. Additional authorizations

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

☐ Yes ☒ No

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

Click to enter text.

### B. Permittee enforcement status

Is the permittee currently under enforcement for this facility?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

Click to enter text.

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

### A. RCRA hazardous wastes

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

☐ Yes ☒ No

**B. Remediation activity wastewater**

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

☐ Yes ☒ No

**C. Details about wastes received**

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

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

## Section 14. Laboratory Accreditation (Instructions Page 55)

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: Jesus Gonzales

Title: Water Treatment Plant Operator

Signature: Jesse Gonzales

Date: 4/25/25

# 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 63)

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 63)

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 63)

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 63)

Name of the immediate receiving waters: Drain Ditch, Willacy County

#### 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.

N/A

### 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.

Discharge point is dry.

Date and time of observation: 03/10/2025

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

## Section 5. General Characteristics of the Waterbody (Instructions Page 65)

### 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 checked="" type="checkbox"/> Non-contact recreation                       |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Navigation  |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply                                 |
| <input type="checkbox"/> Park activities       | <input type="checkbox"/> Other(s), specify: <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 87)

#### 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: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

#### B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

### C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

### D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

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

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

## Section 2. POTWs with Approved Programs or Those Required to Develop a Program (Instructions Page 87)

### 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 88)

#### A. General information

Company Name: N/A

SIC Code: N/A

Contact name: N/A

Address: N/A

City, State, and Zip Code: N/A

Telephone number: N/A

Email address: N/A

#### B. Process information

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

[Click to enter text.](#)

#### C. Product and service information

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

[Click to enter text.](#)

#### D. Flow rate information

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

Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

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

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

## E. Pretreatment standards

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

## F. Industrial user interruptions

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

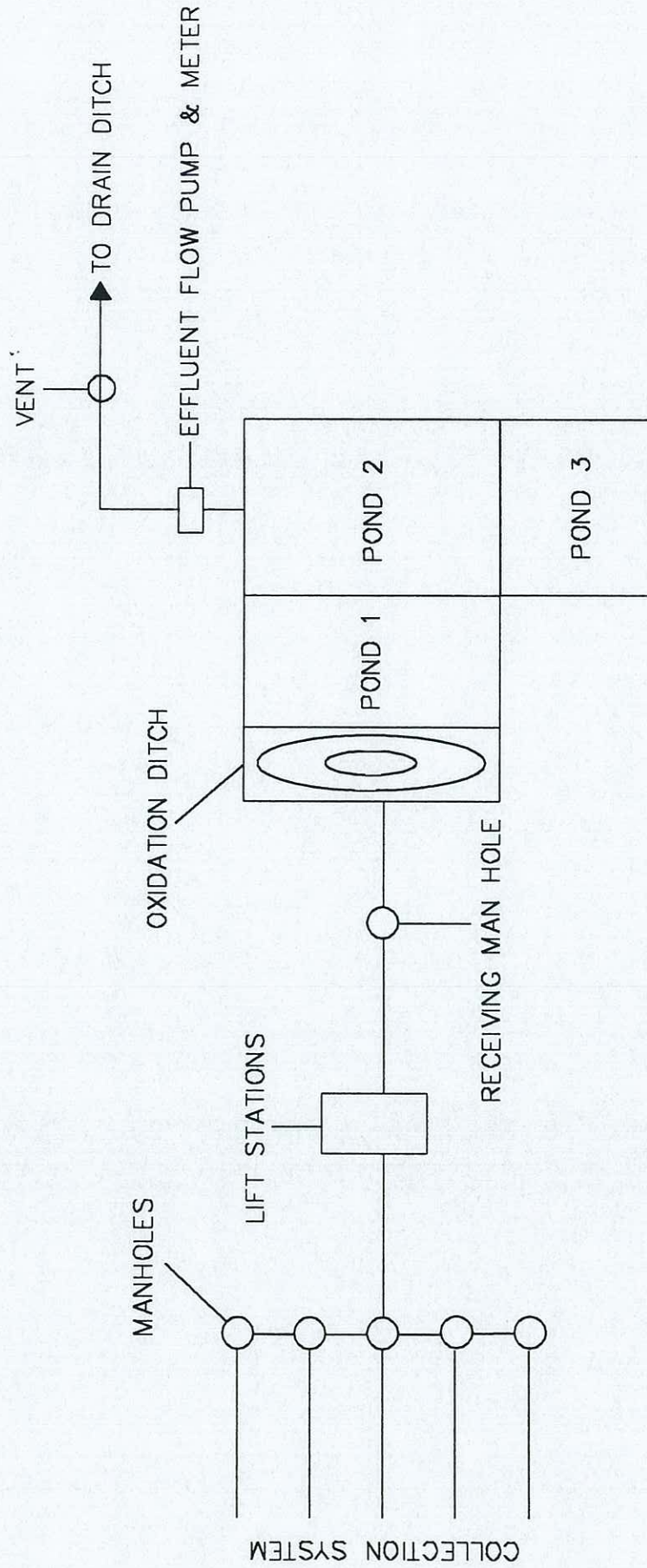
☐ Yes ☐ No

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

[Click to enter text.](#)

## Process Flow Diagram

# CITY OF LYFORD WASTEWATER SYSTEM



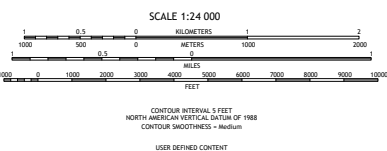
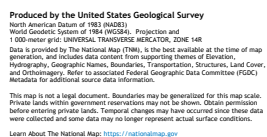
## CHART 6-1 6-16

**CIVIL ENGINE & SURVEYING**

P.O. Box 2191  
913 E. Harrison  
Harrison, Texas 78550  
(956) 425-3814



## Maps

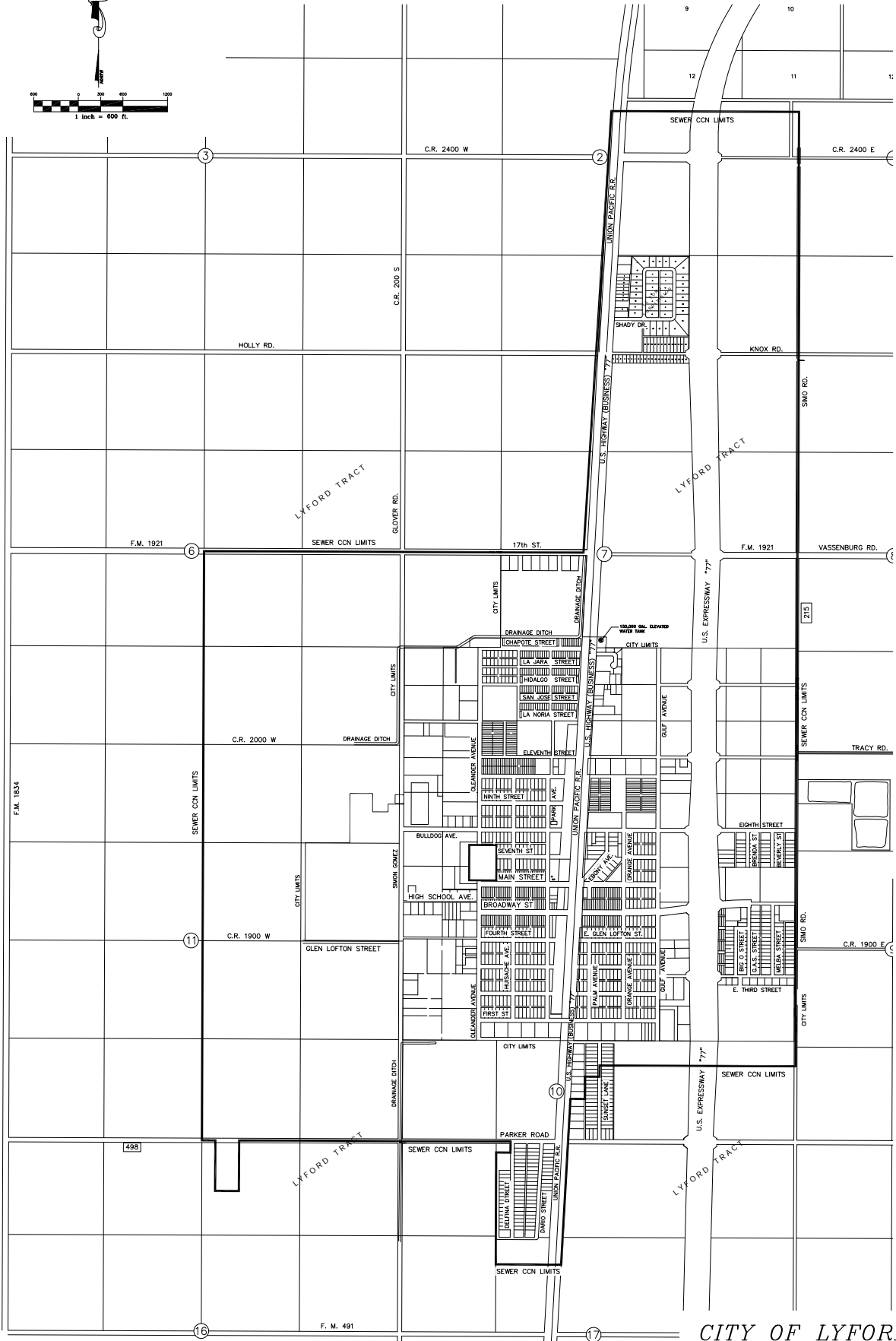
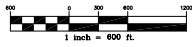


**ROAD CLASSIFICATION**

Expressway		Local Connector	
Secondary Hwy		Local Road	
Ramp		4WD	

 Interstate Route     US Route     State Route

RAYMONDVILLE, TX  
2025



# CITY OF LYFORD SEWER CCN

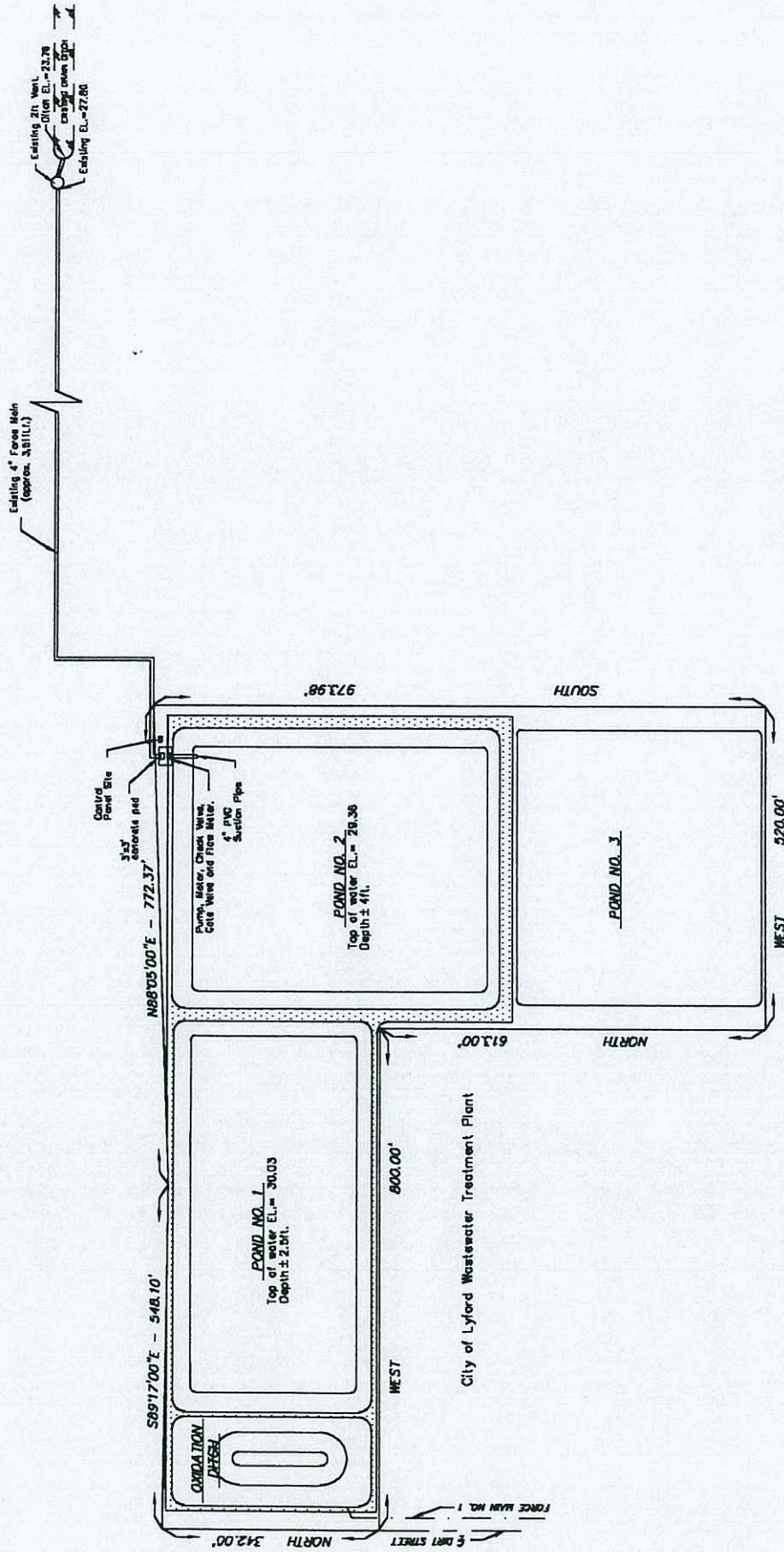
**GM** **GUZMAN & MUÑOZ**  
ENGINEERING AND SURVEYING, INC.  
MERCEDES, TEXAS

2020 S. Expressway 83  
Mercedes, Texas 78570 Phone: (361) 365-4637  
Fax: (361) 365-4636

Texas Registered Engineering Firm F-8017  
TBPLS Firm Registration No. 10087700 JOB NO. P851



# CITY OF LYFORD WASTEWATER TREATMENT PLANT



**DIAGRAM 6-2**

6-17

**CIVIL ENGINEERING**

P.O. Box 2181  
913 E. Harrison  
Hartington, Texas 76530  
(956) 425-1814

## Analyses

Project  
1141101

LYFC-R

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

Printed04/03/2025  
9:38

TABLE OF CONTENTS

This report consists of this Table of Contents and the following pages:

Report Name	Description	Pages
1141101_r02_01_ProjectSamples	SPL Kilgore Project P:1141101 C:LYFC Project Sample Cross Reference t:304	1
1141101_r03_03_ProjectResults	SPL Kilgore Project P:1141101 C:LYFC Project Results t:304 PO: 23399	5
1141101_r10_05_ProjectQC	SPL Kilgore Project P:1141101 C:LYFC Project Quality Control Groups	8
1141101_r99_09_CoC__1_of_1	SPL Kilgore CoC LYFC 1141101_1_of_1	4
Total Pages:		18



# SAMPLE CROSS REFERENCE

Project

1141101

City of Lyford  
 P. O. Box 310  
 Lyford, TX 78569-

Printed

4/3/2025

Page 1 of 1

Sample	Sample ID	Taken	Time	Received
2393492	Lyford WWTP	03/24/2025	12:00:00	03/26/2025

Bottle 01 Polyethylene 1/2 gal (White)

Bottle 02 Polyethylene Quart

Bottle 03 H2SO4 to pH <2 Glass Qt w/Teflon lined lid

Bottle 04 16 oz HNO3 Metals Plastic

Bottle 05 8 oz Plastic H2SO4 pH < 2

Bottle 06 BOD Titration Beaker A (Batch 1167157) Volume: 100.00000 mL <== Derived from 01 ( 100 ml )

Bottle 07 BOD Analytical Beaker B (Batch 1167157) Volume: 100.00000 mL <== Derived from 01 ( 100 ml )

Bottle 08 Prepared Bottle: ICP Preparation for Metals (Batch 1167411) Volume: 50.00000 mL <== Derived from 04 ( 50 ml )

Bottle 09 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1167424) Volume: 20.00000 mL <== Derived from 05 ( 20 ml )

Bottle 10 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1167424) Volume: 20.00000 mL <== Derived from 05 ( 20 ml )

Bottle 11 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1167424) Volume: 20.00000 mL <== Derived from 05 ( 20 ml )

Bottle 12 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1167455) Volume: 6.00000 mL <== Derived from 05 ( 6 ml )

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1168102	03/31/2025	1168102	03/31/2025
EPA 300.0 2.1	01	1167519	03/26/2025	1167519	03/26/2025
EPA 200.7 4.4	08	1167411	03/27/2025	1167503	03/27/2025
SM 2320 B-2011	02	1168202	04/01/2025	1168202	04/01/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1167157	03/31/2025	1167157	03/31/2025
SM 2510 B-2011	01	1167672	03/27/2025	1167672	03/27/2025
SM 4500-Cl G-2011		1167233	03/24/2025	1167233	03/24/2025
SM 4500-O G-2016		1167234	03/24/2025	1167234	03/24/2025
EPA 1664B (HEM)	03	1168438	04/02/2025	1168438	04/02/2025
EPA 350.1 2	12	1167455	03/27/2025	1168121	04/01/2025
SM 2540 C-2015	02	1167924	03/28/2025	1167924	03/28/2025
EPA 351.2 2	09	1167424	03/27/2025	1168178	04/01/2025
SM 2540 D-2015	01	1167698	03/27/2025	1167698	03/27/2025
SM 4500-H+ B-2011		1167235	03/24/2025	1167235	03/24/2025

Email: [Kilgore.ProjectManagement@spllabs.com](mailto:Kilgore.ProjectManagement@spllabs.com)

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## LYFC-R

City of Lyford  
 P. O. Box 310  
 Lyford, TX 78569-

Page 1 of 5

Project  
**1141101**

Printed: 04/03/2025

## RESULTS

### Sample Results

**2393492** Lyford WWTP

Permit Renew

Received: 03/26/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

23399

Taken: 03/24/2025

12:00:00

EPA 1664B (HEM)

Prepared: 1168438 04/02/2025 07:12:00

Analyzed 1168438 04/02/2025 07:12:00

MAX

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Oil and Grease (HEM)	5.29	mg/L	4.60			03

EPA 200.7 4.4

Prepared: 1167411 03/27/2025 06:30:00

Analyzed 1167503 03/27/2025 10:41:00

CAS

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Phosphorus	6.96	mg/L	0.040		7723-14-0	08

EPA 300.0 2.1

Prepared: 1167519 03/26/2025 11:32:00

Analyzed 1167519 03/26/2025 11:32:00

KRA

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Nitrate-Nitrogen Total	<0.1	mg/L	0.1		14797-55-8	01

EPA 300.0 2.1

Prepared: 1168102 03/31/2025 15:57:00

Analyzed 1168102 03/31/2025 15:57:00

KRA

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Chloride	371	mg/L	30.0			01
NELAC Sulfate	570	mg/L	30.0			01

EPA 350.1 2

Prepared: 1167455 03/27/2025 09:33:02

Analyzed 1168121 04/01/2025 06:34:00

AMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Ammonia Nitrogen	68.5	mg/L	2.00			12

EPA 351.2 2

Prepared: 1167424 03/27/2025 08:52:13

Analyzed 1168178 04/01/2025 09:48:00

AMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Kjeldahl Nitrogen	101	mg/L	2.50	P	7727-37-9	09





## LYFC-R

Page 2 of 5

City of Lyford  
 P. O. Box 310  
 Lyford, TX 78569-

Project  
**1141101**

Printed: 04/03/2025

### 2393492 Lyford WWTP

Permit Renew

Received: 03/26/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

23399

Taken: 03/24/2025

12:00:00

SM 2320 B-2011 Prepared: 1168202 04/01/2025 08:50:00 Analyzed 1168202 04/01/2025 08:50:00 TRC

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Alkalinity (as CaCO <sub>3</sub> )	320	mg/L	1.00			02

SM 2510 B-2011 Prepared: 1167672 03/27/2025 05:25:00 Analyzed 1167672 03/27/2025 05:25:00 JMJ

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Lab Spec. Conductance at 25 C	2860	umhos/cm				01

SM 2540 C-2015 Prepared: 1167924 03/28/2025 10:45:00 Analyzed 1167924 03/28/2025 10:45:00 JMB

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Dissolved Solids	1480	mg/L	50.0			02

SM 2540 D-2015 Prepared: 1167698 03/27/2025 09:00:00 Analyzed 1167698 03/27/2025 09:00:00 ADR

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Total Suspended Solids	47.2	mg/L	8.00			01

SM 4500-Cl G-2011 Prepared: 1167233 03/24/2025 12:05:00 Analyzed 1167233 03/24/2025 12:05:00 FG3

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Cl <sub>2</sub> Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	<0.05	mg/L	0.05			

SM 4500-H+ B-2011 Prepared: 1167235 03/24/2025 12:03:00 Analyzed 1167235 03/24/2025 12:03:00 FG3

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC pH (Onsite)	7.8	SU				

SM 4500-O G-2016 Prepared: 1167234 03/24/2025 12:03:00 Analyzed 1167234 03/24/2025 12:03:00 FG3

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC Dissolved Oxygen Onsite	5.0	mg/L	1.0			



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LYFC-R

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City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

Project  
**1141101**

Printed: 04/03/2025

**2393492 Lyford WWTP**

Permit Renew

Received: 03/26/2025

Non-Potable Water

Collected by: FG3

SPL Kilgore

PO:

23399

Taken: 03/24/2025

12:00:00

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1167157 03/26/2025

Analyzed 1167157 03/31/2025 13:38:41 JWI

Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC BOD Carbonaceous	27.8	mg/L	2.00			01

Sample Preparation

**2393492 Lyford WWTP**

Permit Renew

Received: 03/26/2025

23399

03/24/2025

Prepared: 03/26/2025 12:58:55 Calculated 03/26/2025 12:58:55 CAL

Pickup/Sampling/Transport

Verified

Prepared: 03/26/2025 15:45:15 Calculated 03/26/2025 15:45:15 CAL

Enviro Fee (per Sampling Group)

Verified

EPA 1664B (HEM)

Prepared: 1168241 04/02/2025 07:12:00 Analyzed 1168241 04/02/2025 07:12:00 MAX

NELAC O&G HEM Started

Started

EPA 200.2 2.8

Prepared: 1167411 03/27/2025 06:30:00 Analyzed 1167411 03/27/2025 06:30:00 HLT

Liquid Metals Digestion

50/50

ml

04

EPA 350.1, Rev. 2.0

Prepared: 1167455 03/27/2025 09:33:02 Analyzed 1167455 03/27/2025 09:33:02 MEG

NELAC Ammonia Distillation

6/6

ml

05



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# LYFC-R

City of Lyford  
 P. O. Box 310  
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Page 4 of 5

Project  
 1141101

Printed: 04/03/2025

**2393492 Lyford WWTP**

Permit Renew

Received: 03/26/2025

23399

03/24/2025

EPA 351.2, Rev 2.0

Prepared: 1167424 03/27/2025 08:52:13 Analyzed 1167424 03/27/2025 08:52:13 MEG

NELAC TKN Block Digestion 20/20 ml 05

SM 2540 C-2015

Prepared: 1167692 03/28/2025 10:45:00 Analyzed 1167692 03/28/2025 10:45:00 JMB

NELAC Total Dissolved Solids Started Started

SM 2540 D-2011

Prepared: 1166211 03/27/2025 09:00:00 Analyzed 1166211 03/27/2025 09:00:00 ADR

NELAC TSS Set Started Started

SM 5210 B-2016 (TCMP Inhibitor)

Prepared: 1167157 03/26/2025 Analyzed 1167157 03/26/2025 11:35:11 JWI

NELAC BODc Set Started STARTED



## LYFC-R

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

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Project  
**1141101**

Printed: 04/03/2025

### Qualifiers:

P - Spike recovery outside control limits due to matrix effects.

We report results on an As Received (or Wet) basis unless marked Dry Weight.

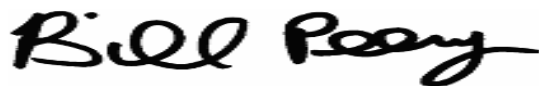
Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation

z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.



Bill Peery, MS, VP Technical Services



# QUALITY CONTROL



## LYFC-R

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

Page 1 of 8

Project  
**1141101**

Printed 04/03/2025

Analytical Set **1167157**

**SM 5210 B-2016 (TCMP Inhibitor)**

### Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
BOD Carbonaceous	1167157	0.2	0.200	0.500	mg/L	127442605
BOD Carbonaceous	1167157	0.1	0.200	0.500	mg/L	127444894

### Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
BOD Carbonaceous	2393029	3.09	3.25	mg/L	5.05	30.0
BOD Carbonaceous	2393275	69.4	59.2	mg/L	15.9	30.0
BOD Carbonaceous	2393431	7.44	9.06	mg/L	19.6	30.0

### Seed Drop

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
BOD Carbonaceous	1167157	0.477	0.200	0.500	mg/L	127442607
BOD Carbonaceous	1167157	0.460	0.200	0.500	mg/L	127444896

### Standard

<u>Parameter</u>	<u>Sample</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
BOD Carbonaceous		228	198	mg/L	115	83.7 - 116	127442608
BOD Carbonaceous		224	198	mg/L	113	83.7 - 116	127444897

Analytical Set **1168121**

**EPA 350.1 2**

### Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Ammonia Nitrogen	1167455	ND	0.00336	0.020	mg/L	127464885

### CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	127464735
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	127464744
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	127464753
Ammonia Nitrogen	2.09	2.00	mg/L	104	90.0 - 110	127464761
Ammonia Nitrogen	2.03	2.00	mg/L	102	90.0 - 110	127464772
Ammonia Nitrogen	2.01	2.00	mg/L	100	90.0 - 110	127464782
Ammonia Nitrogen	1.95	2.00	mg/L	97.5	90.0 - 110	127464792
Ammonia Nitrogen	1.94	2.00	mg/L	97.0	90.0 - 110	127464803
Ammonia Nitrogen	1.96	2.00	mg/L	98.0	90.0 - 110	127464812
Ammonia Nitrogen	1.98	2.00	mg/L	99.0	90.0 - 110	127464823
Ammonia Nitrogen	1.97	2.00	mg/L	98.5	90.0 - 110	127464831
Ammonia Nitrogen	1.94	2.00	mg/L	97.0	90.0 - 110	127464840
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	127464848
Ammonia Nitrogen	1.97	2.00	mg/L	98.5	90.0 - 110	127464858
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	127464868
Ammonia Nitrogen	2.07	2.00	mg/L	104	90.0 - 110	127464879
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	127464890
Ammonia Nitrogen	2.05	2.00	mg/L	102	90.0 - 110	127464898

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# QUALITY CONTROL



## LYFC-R

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### CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	127464908
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	127464918
Ammonia Nitrogen	2.06	2.00	mg/L	103	90.0 - 110	127464927

### Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Ammonia Nitrogen	2393484	0.272	0.064	mg/L	124 *	20.0

### ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Ammonia Nitrogen	2.14	2.00	mg/L	107	90.0 - 110	127464734

### LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Ammonia Nitrogen	1167455	2.09	2.12	2.00	90.0 - 110	104	106	mg/L	1.43	20.0

### Mat. Spike

Parameter	Sample	Spike	Unknown	Known	Units	Recovery %	Limits %	File
Ammonia Nitrogen	2393484	2.25	0.064	2.00	mg/L	109	80.0 - 120	127464891

Analytical Set

1168178

EPA 351.2 2

### AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	0.055	0.050	mg/L	110	75.0 - 125	127465433

### Blank

Parameter	PrepSet	Reading	MDL	MDL	Units	File
Total Kjeldahl Nitrogen	1167424	ND	0.00712	0.050	mg/L	127465416

### CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.34	5.00	mg/L	107	90.0 - 110	127465415
Total Kjeldahl Nitrogen	5.50	5.00	mg/L	110	90.0 - 110	127465422
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	127465429
Total Kjeldahl Nitrogen	5.44	5.00	mg/L	109	90.0 - 110	127465440
Total Kjeldahl Nitrogen	5.47	5.00	mg/L	109	90.0 - 110	127465447
Total Kjeldahl Nitrogen	5.42	5.00	mg/L	108	90.0 - 110	127465455
Total Kjeldahl Nitrogen	5.44	5.00	mg/L	109	90.0 - 110	127465461
Total Kjeldahl Nitrogen	5.32	5.00	mg/L	106	90.0 - 110	127465466

### Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Kjeldahl Nitrogen	2393393	0.076	0.075	mg/L	1.32	20.0
Total Kjeldahl Nitrogen	2393492	100	101	mg/L	0.995	20.0

### ICV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Total Kjeldahl Nitrogen	5.46	5.00	mg/L	109	90.0 - 110	127465414

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### LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Total Kjeldahl Nitrogen	1167424	5.49	5.45	5.00	90.0 - 110	110	109	mg/L	0.731	20.0

### Mat. Spike

<u>Parameter</u>	<u>Sample</u>	<u>Spike</u>	<u>Unknown</u>	<u>Known</u>	<u>Units</u>	<u>Recovery %</u>	<u>Limits %</u>	<u>File</u>
Total Kjeldahl Nitrogen	2393393	4.73	0.075	5.00	mg/L	93.1	80.0 - 120	127465421
Total Kjeldahl Nitrogen	2393492	106	101	250	mg/L	2.00	80.0 - 120	127465458

Analytical Set 1167233

SM 4500-CI G-2011

### Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	2393492	ND	ND	mg/L		20

### Standard

<u>Parameter</u>	<u>Sample</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	1167233	0.170	0.220	mg/L	77.3	90 - 110	
Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	1167233	0.840	0.900	mg/L	93.3	90 - 110	
Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	1167233	1.51	1.59	mg/L	95	90 - 110	

Analytical Set 1167234

SM 4500-O G-2016

### Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
Dissolved Oxygen Onsite	2393492	5.0	5.0	mg/L		20

Analytical Set 1167235

SM 4500-H+ B-2011

### CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
pH (Onsite)	6.0	6.0	SU	100	90 - 110	
pH (Onsite)	6.0	6.0	SU	100	90 - 110	

### Duplicate

<u>Parameter</u>	<u>Sample</u>	<u>Result</u>	<u>Unknown</u>	<u>Unit</u>	<u>RPD</u>	<u>Limit%</u>
pH (Onsite)	2393492	7.7	7.8	SU	1.3	20

### Standard

<u>Parameter</u>	<u>Sample</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
pH (Onsite)	1167235	7.9	8.0	SU	98.8	90 - 110	
pH (Onsite)	1167235	8.0	8.0	SU	100	90 - 110	

Analytical Set 1167698

SM 2540 D-2015

### Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MDL</u>	<u>Units</u>	<u>File</u>
Total Suspended Solids	1167698	ND	2	2	mg/L	127455102

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ControlBlk								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Total Suspended Solids	1167698	-0.0004			grams	127455101		
Duplicate								
<i>Parameter</i>	<i>Sample</i>		<i>Result</i>	<i>Unknown</i>		<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>
Total Suspended Solids	2393267		5440	5420		mg/L	0.368	20.0
Total Suspended Solids	2393275		60.0	53.3		mg/L	11.8	20.0
Total Suspended Solids	2393492		43.6	47.2		mg/L	7.93	20.0
LCS								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>		<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits</i>	<i>File</i>
Total Suspended Solids	1167698	45.0		50.0	mg/L	90.0	90.0 - 110	127455135
Standard								
<i>Parameter</i>	<i>Sample</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>	
Total Suspended Solids		94.0	100	mg/L	94.0	90.0 - 110	127455134	

Analytical Set

1167924

SM 2540 C-2015

Blank								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Total Dissolved Solids	1167924	ND	5.00	5.00	mg/L	127459834		
ControlBlk								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Total Dissolved Solids	1167924	-0.0005			grams	127459821		
Duplicate								
<i>Parameter</i>	<i>Sample</i>		<i>Result</i>	<i>Unknown</i>		<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>
Total Dissolved Solids	2393393		246	234		mg/L	5.00	20.0
LCS								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>		<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits</i>	<i>File</i>
Total Dissolved Solids	1167924	198		200	mg/L	99.0	85.0 - 115	127459822

Analytical Set

1168438

EPA 1664B (HEM)

Blank								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Oil and Grease (HEM)	1168438	1.20	0.804	4.00	mg/L	127471181		
ControlBlk								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>		
Oil and Grease (HEM)	1168438	0.0001			grams	127471180		
Oil and Grease (HEM)	1168438	0.0005			grams	127471205		
LCS								
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>		<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits</i>	<i>File</i>
Oil and Grease (HEM)	1168438	34.5		40.0	mg/L	86.2	78.0 - 114	127471182

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MS										
Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD
Oil and Grease (HEM)	2393200	37.7	0	1.54	40.0	78.0 - 114	94.2		mg/L	20.0

Analytical Set

1167519

EPA 300.0 2.1

AWRL/LOQ C						
Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.024	0.0226	mg/L	106	70.0 - 130	127451176

### Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1167519	ND	0.00464	0.0226	mg/L	127451177

### CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Nitrate-Nitrogen Total	1167519	0.00289	0.00464	0.0226	mg/L	127451173
Nitrate-Nitrogen Total	1167519	0.000835	0.00464	0.0226	mg/L	127451193
Nitrate-Nitrogen Total	1167519	0.00144	0.00464	0.0226	mg/L	127451205

### CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	2.46	2.26	mg/L	109	90.0 - 110	127451172
Nitrate-Nitrogen Total	2.45	2.26	mg/L	108	90.0 - 110	127451192
Nitrate-Nitrogen Total	2.47	2.26	mg/L	109	90.0 - 110	127451204

### LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	1167519	1.22	1.20	1.13	86.3 - 117	108	106	mg/L	1.65	20.0

### MS

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	2392012	2.38		0.0172	2.26	80.0 - 120	105		mg/L		20.0
Nitrate-Nitrogen Total	2392012	2.38		0.0172	2.26	80.0 - 120	105		mg/L		20.0

### MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Nitrate-Nitrogen Total	2393251	48.8	49.2	26.7	22.6	80.0 - 120	97.8	99.6	mg/L	1.79	20.0

Analytical Set

1168102

EPA 300.0 2.1

Blank						
Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1168102	0.040	0.0298	0.300	mg/L	127464328
Sulfate	1168102	ND	0.160	0.300	mg/L	127464328

### CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1168102	0.0405	0.0298	0.300	mg/L	127464324
Chloride	1168102	0.0406	0.0298	0.300	mg/L	127464344
Chloride	1168102	0.0415	0.0298	0.300	mg/L	127464356

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### CCB

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Sulfate	1168102	0	0.160	0.300	mg/L	127464324
Sulfate	1168102	0	0.160	0.300	mg/L	127464344
Sulfate	1168102	0	0.160	0.300	mg/L	127464356

### CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Chloride	10.5	10.0	mg/L	105	90.0 - 110	127464323
Chloride	10.5	10.0	mg/L	105	90.0 - 110	127464343
Chloride	10.6	10.0	mg/L	106	90.0 - 110	127464355
Sulfate	10.0	10.0	mg/L	100	90.0 - 110	127464323
Sulfate	10.1	10.0	mg/L	101	90.0 - 110	127464343
Sulfate	10.2	10.0	mg/L	102	90.0 - 110	127464355

### LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	1168102	5.05	5.05	5.00	85.0 - 115	101	101	mg/L	0	20.0
Sulfate	1168102	5.27	5.29	5.00	85.4 - 124	105	106	mg/L	0.379	20.0

### MSD

<u>Parameter</u>	<u>Sample</u>	<u>MS</u>	<u>MSD</u>	<u>UNK</u>	<u>Known</u>	<u>Limits</u>	<u>MS%</u>	<u>MSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Chloride	2392012	99.1	4.96	9.78	100	80.0 - 120	89.3	-4.82 *	mg/L	223 *	20.0
Sulfate	2392012	949	967	903	100	80.0 - 120	46.0 *	64.0 *	mg/L	32.7 *	20.0
Chloride	2393132	1920	1930	2010	100	80.0 - 120	-90.0 *	-80.0 *	mg/L	0.519	20.0
Sulfate	2393132	457	457	390	100	80.0 - 120	67.0 *	67.0 *	mg/L	0	20.0

Analytical Set

1167503

EPA 200.7 4.4

### Blank

<u>Parameter</u>	<u>PrepSet</u>	<u>Reading</u>	<u>MDL</u>	<u>MQL</u>	<u>Units</u>	<u>File</u>
Phosphorus	1167411	ND	0.0353	0.040	mg/L	127450970

### CCV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Phosphorus	0.968	1.00	mg/L	96.8	90.0 - 110	127450969
Phosphorus	0.966	1.00	mg/L	96.6	90.0 - 110	127450979

### ICL

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Phosphorus	25.2	25.0	mg/L	101	95.0 - 105	127450967

### ICV

<u>Parameter</u>	<u>Reading</u>	<u>Known</u>	<u>Units</u>	<u>Recover%</u>	<u>Limits%</u>	<u>File</u>
Phosphorus	1.04	1.00	mg/L	104	90.0 - 110	127450968

### LCS Dup

<u>Parameter</u>	<u>PrepSet</u>	<u>LCS</u>	<u>LCSD</u>	<u>Known</u>	<u>Limits%</u>	<u>LCS%</u>	<u>LCSD%</u>	<u>Units</u>	<u>RPD</u>	<u>Limit%</u>
Phosphorus	1167411	4.16	4.13	4.00	85.0 - 115	104	103	mg/L	0.724	25.0

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MSD											
Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Phosphorus	2393382	4.30	4.30	0.135	4.00	75.0 - 125	104	104	mg/L	0	25.0

Analytical Set

1167672

SM 2510 B-2011

Blank							
<i>Parameter</i>	<i>PrepSet</i>	<i>Reading</i>	<i>MDL</i>	<i>MQL</i>	<i>Units</i>	<i>File</i>	
Lab Spec. Conductance at 25 C	1167672	0.818			umhos/cm	127454806	
Duplicate							
<i>Parameter</i>	<i>Sample</i>	<i>Result</i>	<i>Unknown</i>		<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>
Lab Spec. Conductance at 25 C	2393492	2880	2860		umhos/cm	0.697	20.0
Lab Spec. Conductance at 25 C	2393755	881	880		umhos/cm	0.114	20.0

ICV											
Parameter	Reading	Known	Units	Recover%	Limits%	File					
Lab Spec. Conductance at 25 C	13100	12900	umhos/cm	102	90.0 - 110	127454809					

Standard											
Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File				
Lab Spec. Conductance at 25 C	1167672	1420	1410	umhos/cm	101	90.0 - 110	127454807				
Lab Spec. Conductance at 25 C	1167672	101	100	umhos/cm	101	90.0 - 110	127454808				
Lab Spec. Conductance at 25 C	1167672	1420	1410	umhos/cm	101	90.0 - 110	127454821				
Lab Spec. Conductance at 25 C	1167672	1420	1410	umhos/cm	101	90.0 - 110	127454830				

Analytical Set

1168202

SM 2320 B-2011

Blank											
Parameter	PrepSet	Reading	MDL	MQL	Units	File					
Total Alkalinity (as CaCO3)	1168202	ND	1.00	1.00	mg/L	127466427					
Total Alkalinity (as CaCO3)	1168202	ND	1.00	1.00	mg/L	127466466					

CCV											
Parameter	Reading	Known	Units	Recover%	Limits%	File					
Total Alkalinity (as CaCO3)	27.1	25.0	mg/L	108	90.0 - 110	127466426					
Total Alkalinity (as CaCO3)	27.1	25.0	mg/L	108	90.0 - 110	127466440					
Total Alkalinity (as CaCO3)	25.6	25.0	mg/L	102	90.0 - 110	127466453					
Total Alkalinity (as CaCO3)	25.1	25.0	mg/L	100	90.0 - 110	127466480					
Total Alkalinity (as CaCO3)	27.1	25.0	mg/L	108	90.0 - 110	127466479					

Duplicate											
Parameter	Sample	Result	Unknown	Unit	RPD	Limit%					
Total Alkalinity (as CaCO3)	2392060	46.3	45.3	mg/L	2.18	20.0					
Total Alkalinity (as CaCO3)	2393467	242	248	mg/L	2.45	20.0					
Total Alkalinity (as CaCO3)	2393476	529	521	mg/L	1.52	20.0					
Total Alkalinity (as CaCO3)	2393486	195	200	mg/L	2.53	20.0					

ICV											
Parameter	Reading	Known	Units	Recover%	Limits%	File					
Total Alkalinity (as CaCO3)	27.1	25.0	mg/L	108	90.0 - 110	127466425					

Email: [Kilgore.ProjectManagement@spllabs.com](mailto:Kilgore.ProjectManagement@spllabs.com)



Report Page 14 of 19

# QUALITY CONTROL



## LYFC-R

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

Page 8 of 8

Project  
**1141101**

Printed 04/03/2025

<u>Parameter</u>	<b>Mat. Spike</b>					<u>Recovery %</u>	<u>Limits %</u>	<u>File</u>
	<u>Sample</u>	<u>Spike</u>	<u>Unknown</u>	<u>Known</u>	<u>Units</u>			
Total Alkalinity (as CaCO <sub>3</sub> )	2392060	70.9	45.3	25.0	mg/L	102	70.0 - 130	127466430
Total Alkalinity (as CaCO <sub>3</sub> )	2393467	278	248	25.0	mg/L	120	70.0 - 130	127466443
Total Alkalinity (as CaCO <sub>3</sub> )	2393476	552	521	25.0	mg/L	124	70.0 - 130	127466456
Total Alkalinity (as CaCO <sub>3</sub> )	2393486	213	200	25.0	mg/L	52.0	70.0 - 130	127466469 *

\* Out RPD is Relative Percent Difference:  $\text{abs}(r_1 - r_2) / \text{mean}(r_1, r_2) * 100\%$

Recover% is Recovery Percent:  $\text{result} / \text{known} * 100\%$

Blank - Method Blank (reagent water or other blank matrices that contains all reagents except standard(s) and is processed simultaneously with and under the same conditions as samples; carried through preparation and analytical procedures exactly like a sample; monitors); CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); MSD - Matrix Spike Duplicate (replicate of the matrix spike; same solution and amount of target analyte added to the MS is added to a third aliquot of sample; quantifies matrix bias and precision.); ICV - Initial Calibration Verification; LCS Dup - Laboratory Control Sample Duplicate (replicate LCS; analyzed when there is insufficient sample for duplicate or MSD; quantifies accuracy and precision.); CCB - Continuing Calibration Blank; MS - Matrix Spike (same solution and amount of target analyte added to the LCS is added to a second aliquot of sample; quantifies matrix bias.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; LCS - Laboratory Control Sample (reagent water or other blank matrices that is spiked with a known quantity of target analyte(s) and carried through preparation and analytical procedures exactly like a sample; typically a mid-range concentration; verifies that bias and precision of the analytical process are within control limits; determines usability of the data.)

Email: [Kilgore.ProjectManagement@spllabs.com](mailto:Kilgore.ProjectManagement@spllabs.com)



Report Page 15 of 19

1141101 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662  
Office: 903-984-0551 \* Fax: 903-984-5914

**CHAIN OF CUSTODY**

P-UP FEE \$ 100.00 TT  
SUB: \_\_\_\_\_  
ALL CLIENT COCs ON SINGLE  
PROJECT? YES NO



**SPL**  
The Science of Sure

Printed 0 21/2025 Page 1 of 3

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

**LYFC-R**  
**101**

Lab Number 2197492  
PO Number \_\_\_\_\_ Mandatory 23399  
Phone \_\_\_\_\_ 956/347-3512

**Lyford WWTP**

Permit Renew

☐ Hand Delivered by Client to Region or LAB
**Matrix: Non-Potable Water**

Sample Collection Start

Date: 3-24-25 Time: 1200

Sampler Printed Name: Frank Gamez III - SPL, Inc.

Sampler Affiliation: \_\_\_\_\_

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

☐ Samples Radioactive?

☐ Samples Contains Dioxin?

☐ Samples Biological Hazard?

☒ **On Site Testing**

NELAC

CI20

CI2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L] SM 4500-CI G-2011

CI2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]

Collected By FG3 Date 3-24-25 Time 1200 Analyzed By FG3 Date 3-24-25 Time 1205

Results ND Units mg/L Temp. 26.5 C Duplicate ND Units mg/L Temp. 26.4 C

R1 \_\_\_\_\_ R2 \_\_\_\_\_ QC R1 \_\_\_\_\_ QC R2 \_\_\_\_\_

NELAC Short Hold

DO

Dissolved Oxygen Onsite

SM 4500-O G-2016 (0.0104 days)

Dissolved Oxygen Onsite

Collected By FG3 Date 3-24-25 Time 1200 Analyzed By FG3 Date 3-24-25 Time 1205

Results 5.00 Units mg/L Temp. 26.5 C Duplicate 4.96 Units mg/L Temp. 26.4 C

NELAC Short Hold

pH

pH (Onsite)

SM 4500-H+ B-2011 (0.0104 days)



RGV Region: 2401 Village Dr. Suite C Brownsville, TX 78322 Report Page 16 of 19

1141101 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662  
Office: 903-984-0551 \* Fax: 903-984-5914



**SPL**  
The Science of Sure

Printed 03/21/2025

Page 2 of 3

# CHAIN OF CUSTODY

City of Lyford  
P. O. Box 310  
Lyford, TX 78569

LYFC-R  
101

pH (Onsite)

Collected By FG3 Date 3-24-25 Time 1200 Analyzed By FG3 Date 3-24-25 Time 1203

Results 7.81 Units S.U. Temp. 26.5 C Duplicate 7.74 Units S.U. Temp. 26.4 C

## 2 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized

Short HoldSubc: ENRG Enterococci (RGV Subcontract) Enterolert Subcontract CAS:CCWU (1.00 days)

Subcontract ERG MPN, E.coli, Coli-18 - WW sub Subcontract CAS:CCWU

## 2 H2SO4 to pH <2 GIQt w/Tef-lined lid

NELAC HEM Oil and Grease (HEM) EPA 1664B (HEM) (28.0 days)

## 1 Polyethylene 1/2 gal (White)

NELAC Short Hold BODc BOD Carbonaceous SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)

NELAC TSS Total Suspended Solids SM 2540 D-2015 (7.00 days)

## 1 HNO3 to pH <2 Polyethylene 500 mL for Metals

NELAC \*PI Phosphorus EPA 200.7 4.4 CAS:7723-14-0 (180 days)

301L Liquid Metals Digestion EPA 200.2 2.8 (180 days)

## 1 H2SO4 to pH <2 250 ml Polyethylene

NELAC NHaN Ammonia Nitrogen EPA 350.1 2 (28.0 days)

NELAC TKN Total Kjeldahl Nitrogen EPA 351.2 2 CAS:7727-37-9 (28.0 days)

## 1 Polyethylene Quart

NELAC ICIL Chloride EPA 300.0 2.1 (28.0 days)

NELAC Short Hold IN3L Nitrate-Nitrogen Total EPA 300.0 2.1 CAS:14797-55-8 (2.00 days)

NELAC IS4L Sulfate EPA 300.0 2.1 (28.0 days)

NELAC AlkT Total Alkalinity (as CaCO3) SM 2320 B-2011 (14.0 days)

NELAC CONL Lab Spec. Conductance at 25 C SM 2510 B-2011 (28.0 days)



RGV Region: 2401 Village Dr. Suite C Brownsville TX 78521

Report Page 17 of 19

1141101 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662  
Office: 903-984-0551 \* Fax: 903-984-5914



**SPL**  
The Science of Sure

Printed 03/11/2025

Page 3 of 3

# CHAIN OF CUSTODY

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

**LYFC-R**  
**101**

NELAC

TDS

Total Dissolved Solids

SM 2540 C-2015 (7.00 days)

## Ambient Conditions/Comments

Date	Time	Relinquished	Received
3/24/25	1730	Printed Name Frank Gamez III - SPL, Inc. Affiliation Signature <i>[Signature]</i>	Printed Name FedEx Affiliation Signature <i>[Signature]</i>
3/26/25	1030	Printed Name FedEx Affiliation Signature <i>[Signature]</i>	Printed Name Kiersten Rossum - SPL, Inc. Affiliation Signature <i>[Signature]</i>
		Printed Name Affiliation Signature	Printed Name Affiliation Signature
		Printed Name Affiliation Signature	Printed Name Affiliation Signature

Sample Received on Ice? ☒ Yes ☐ NoCooler/Sample Secure? ☒ Yes ☐ No

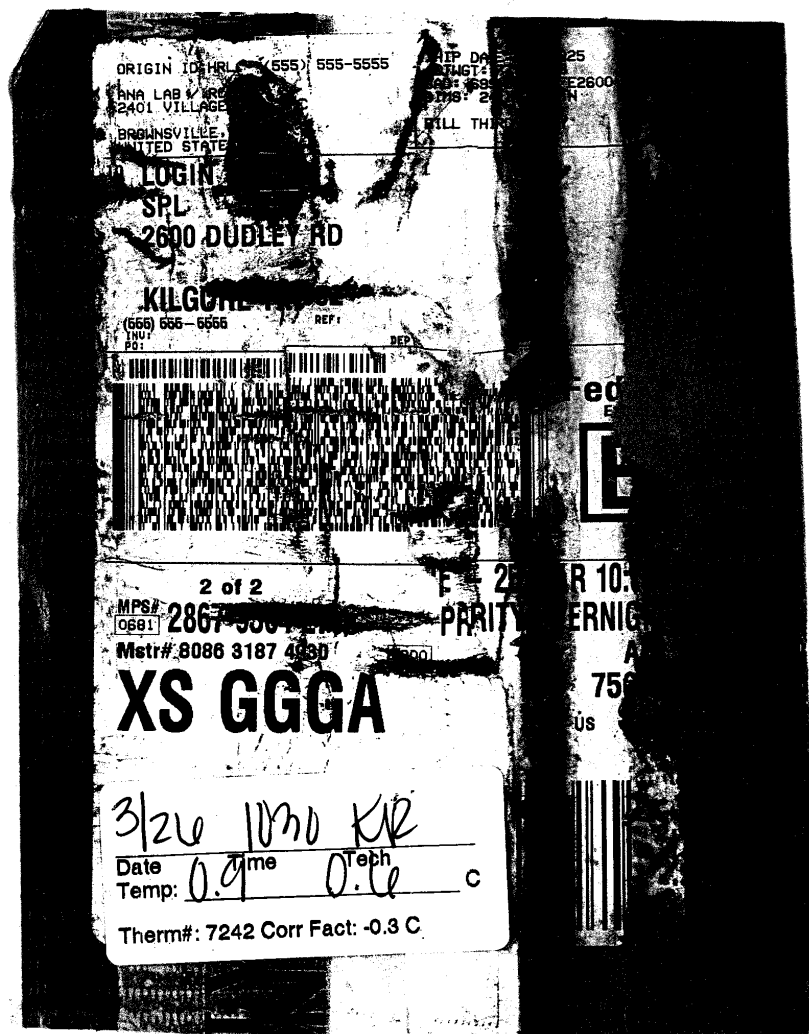
If Shipped: Tracking Number &amp; Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

## Comments



1141101 CoC Print Group 001 of 001





SAMPLE CROSS REFERENCE

Printed

4/11/2025

Page 1 of 1

Project

1141219

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

Sample	Sample ID	Taken	Time	Received
2393725	Lyford WWTP	03/25/2025	11:30:00	03/26/2025



## LYFC-R

City of Lyford  
 P. O. Box 310  
 Lyford, TX 78569-

Page 1 of 2

Project  
**1141219**

Report Date: 03/27/2025  
 Printed: 04/11/2025

## RESULTS

### Sample Results

**2393725** Lyford WWTP

Received: 03/26/2025

Non-Potable Water

Collected by: RDL  
 Taken: 03/25/2025

SPL Kilgore  
 11:30:00

PO: 23399

Enterolert Subcontract Prepared: 03/25/2025 15:04:00 Analyzed 03/25/2025 15:04:00 SUB

Parameter	Results	Units	RL	Flags	CAS	Bottle
Enterococci (RGV Subcontract)	See Attached				CCWU	

SM 4500-Cl G-2011 Prepared: 1167373 03/25/2025 11:34:00 Analyzed 1167373 03/25/2025 11:34:00 RDL

Parameter	Results	Units	RL	Flags	CAS	Bottle
Cl2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]	0.030	mg/L	0.05			

Subcontract Prepared: 03/25/2025 14:12:00 Analyzed 03/25/2025 14:12:00 SUB

Parameter	Results	Units	RL	Flags	CAS	Bottle
MPN, E.coli, Coli-18 - WW sub	See Attached				CCWU	



Report Page 2 of 6

## LYFC-R

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

Page 2 of 2

Project  
**1141219**

Report Date: 03/27/2025  
Printed: 04/11/2025

### Qualifiers:

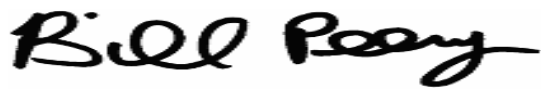
We report results on an As Received (or Wet) basis unless marked Dry Weight.

Unless otherwise noted, testing was performed at SPL, Inc.- Kilgore laboratory which holds International, Federal, and state accreditations. Please see our Websites for details.

(N)ELAC - Covered in our NELAC scope of accreditation  
z -- Not covered by our NELAC scope of accreditation

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of SPL Kilgore. Unless otherwise specified, these test results meet the requirements of NELAC.

RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number. RL is our Reporting Limit, or Minimum Quantitation Level. The RL takes into account the Instrument Detection Limit (IDL), Method Detection Limit (MDL), and Practical Quantitation Limit (PQL), and any dilutions and/or concentrations performed during sample preparation (EQL). Our analytical result must be above this RL before we report a value in the 'Results' column of our report (without a 'J' flag). Otherwise, we report ND (Not Detected above RL), because the result is "<" (less than) the number in the RL column. MAL is Minimum Analytical Level and is typically from regulatory agencies. Unless we report a result in the result column, or interferences prevent it, we work to have our RL at or below the MAL.



Bill Peery, MS, VP Technical Services



Report Page 3 of 6

# QUALITY CONTROL



## LYFC-R

City of Lyford  
P. O. Box 310  
Lyford, TX 78569-

Page 1 of 1

Project

1141219

Printed 04/11/2025

Analytical Set		1167373					SM 4500-CI G-2011	
Duplicate								
<i>Parameter</i>	<i>Sample</i>	<i>Result</i>	<i>Unknown</i>	<i>Unit</i>	<i>RPD</i>	<i>Limit%</i>		
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2393725	0.070	0.030	mg/L	80	20		
Standard								
<i>Parameter</i>	<i>Sample</i>	<i>Reading</i>	<i>Known</i>	<i>Units</i>	<i>Recover%</i>	<i>Limits%</i>	<i>File</i>	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1167373	0.230	0.220	mg/L	104.5	90 - 110		
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1167373	0.900	0.930	mg/L	96.8	90 - 110		
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1167373	1.57	1.58	mg/L	99.4	90 - 110		

\* Out RPD is Relative Percent Difference:  $\text{abs}(r_1-r_2) / \text{mean}(r_1,r_2) * 100\%$

Recover% is Recovery Percent:  $\text{result} / \text{known} * 100\%$

Email: Kilgore.ProjectManagement@spllabs.com



Report Page 4 of 6

1141219 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662  
Office: 903-984-0551 \* Fax: 903-984-5914



**SPL**  
The Science of Sure

Printed 03/25/2025 Page 1 of 2

## CHAIN OF CUSTODY

City of Lyford  
P. O. Box 310  
Lyford, TX 78569

**LYFC-R**  
**118**

Lab Number 2393725

PO Number \_\_\_\_\_ Mandatory 23399

Phone \_\_\_\_\_ 956/347-3512

**Lyford WWTP**

☐ Hand Delivered by Client to Region or LAB

### Matrix: Non-Potable Water

Sample Collection Start

Date: 3/25/25 Time: 11:30

Sampler Printed Name: REG DE LEON

Sampler Affiliation: SPL

Sampler Signature: [Signature]

Samples Radioactive? ☐

Samples Contains Dioxin? ☐

Samples Biological Hazard? ☐

☒ On Site Testing

NELAC

CI20

CI2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L] SM 4500-CI G-2011

CI2 Res., Total(Onsite)Spec Mid [RL 0.05 mg/L]

Collected By RD Date 3/25/25 Time 11:30 Analyzed By RD Date 3/25/25 Time 11:34

Results 0.03 Units mg/L Temp. 26.7 C Duplicate 0.07 Units mg/L Temp. 26.9 C

R1 0.07 R2 0.04 QCR1 0.09 QCR2 0.02

☒ **Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized**

Short HoldSubc ENRG Enterococci (RGV Subcontract)

Enterolert Subcontract CAS:CCWU (1.00 days)

Subcontract ERGV MPN, E.coli, Coli-18 - WW sub

Subcontract CAS:CCWU

Ambient Conditions/Comments



1141219 CoC Print Group 001 of 001

2600 Dudley Rd. Kilgore, Texas 75662  
Office: 903-984-0551 \* Fax: 903-984-5914



**SPL**  
The Science of Sure

Printed 03/25/2025

Page 2 of 2

# CHAIN OF CUSTODY

City of Lyford  
P. O. Box 310  
Lyford, TX 78569

**LYFC-R**  
**118**

Date	Time	Relinquished		Received	
		Printed Name	Affiliation	Printed Name	Affiliation
3/25/25	17:30	R. DE Leon	SPL	FedEx	
		Signature		Signature	
3/26/25	10:30	Andy Owens		Andy Owens - SPL, Inc.	
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		Signature		Signature	

Sample Received on Ice? ☒ Yes ☐ No

Cooler/Sample Secure? ☒ Yes ☐ No If Shipped: Tracking Number & Temp - See Attached

The accredited column designates accreditation by A - A2LA, N - NELAC, or z - not listed under scope of accreditation. Unless otherwise specified, SPL shall provide these ordered services pursuant to our Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP #000323.

Comments



## Analytical Report



<b>Client Info</b> SPL-INC 2600 Dudley Rd. Kilgore, TX 75662						<b>Report# /Lab ID#:</b> AC54720 <b>Report Date:</b> 3/26/25 <b>Sample Name:</b> LYFORD WWTP <b>Date Received:</b> 03/25/2025 <b>Time:</b> 13:21 <b>Date Sampled:</b> 03/25/2025 <b>Time:</b> 11:30	
<b>Phone:</b>						<b>EMAIL:</b> Kilgore.Projectmanagement@spla	


Parameter	Result	Unit	Flag	RL s	Date/Time Analyzed	Method	Analyst	Analysis Comments
Enterococci	>2419.6	MPN		1.0	3/25/25 15:04	Enterolert	VP, VM	

**Sample Comments:**

This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.

Respectfully Submitted,



Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.
2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results .
3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
6. Data Qualifiers:
 

**N**=Analysis not performed as per client request.    **H**=Sample exceeded holding time.    **P**=Analysis is from an unpreserved sample.    **J**=Value reported is less than the RL but greater than the MDL .  
**X**=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed.    **LA**=Lab accident.    **LE**=Lab error.    **OA**=Outside the scope of the lab's NELAC accreditation.  
**U**=Unsuitable; sample turned turbid after incubation.    **T**=Sample below temp requirement; not on ice.    **EQ**=Equipment failure.    **I**=Information on sample bottle and COC does not match.  
**S**=Slow to filter; sample contains floc and/or large amount of residue on filter.    **O**=Analysis performed by an outside NELAC accredited lab;    **O^**=Analysis flagged by outside laboratory.  
**Z**=Too many colonies present to provide a result (TNTC).    **A**=Value reported is the mean of two or more determinations.    **R**=Reagent water contamination suspected.    **B**=Sample broken in transit.  
**NI**=Not analyzed due to interferences.    **K**=BOD result estimated due to blank exceeding the allowable oxygen depletion.    **D**=Sample dilution required for analysis/ quality control.  
**SC**=BOD/CBOD calculated using a seed correction factor not within acceptable range.    **QB**=No QC data assigned to sample; sample result not affected.  
**EL**=Oxygen usage is less than 2mg/L for all dilutions analyzed. The reported value is an estimated less than value and is calculated for the dilution containing the greatest concentration of sample.  
**EG**=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.  
**E**= The data exceed the upper calibration limit; therefore the concentration is reported as an estimate.

# CHAIN OF CUSTODY RECORD

Client Name: SPL LABS  
 Address: 2600 Dudley Rd.  
 City: Kilgore State: TX Zip: 75662  
 Phone: (903) 984 - 0551 Fax: (903) 984 - 5914

Send Email report to: kilgore.projectmanagement.spllabs.com  
 cc: joel.manjarrez@spllabs.com



Water Utilities Laboratory  
 13101 Leopard St.  
 Corpus Christi, TX 78410  
 Ph: (361) 826-1200  
 Fax: (361) 242-9131



Sampler: (PLEASE PRINT) REY DE LEON LYFC  
R-118

Sample ID		Lab ID# <i>(Lab Use Only)</i>	Date Sampled	Time Sampled	Grab	Composite	Other	No. of Containers/ Preservative				Matrix	Residual Chlorine	Analyze For																				
								H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	Thio	None	WW Influent	WW Effluent	Water	Other-Specify	Total mg/L <input checked="" type="checkbox"/>	Free mg/L <input type="checkbox"/>	CBOD	BOD	TSS	TDS	Ammonia-N	TKN	Chloride	Sulfate	Phosphorus	Nitrate	Nitrite	Total Alkalinity	TOC	Fecal Coliform	Total Coliform	Enterococci	E. coli
1	Lyford WWTP	AC54720	3/25/25	11:30 AM	X							X				0.07																X	X	
2	LYFORD WWTP	AC54721	3/25/25	11:30 AM	X							X				0.07																X		
3																																		
4																																		
5																																		
6																																		

Relinquished By: <u>B. DE LEON</u>	Date: <u>3/25/25</u>	Time: <u>13:21</u>	Special Instructions/Comments:
Received By: <u>[Signature]</u>	Date: <u>3/25/25</u>	Time: <u>13:21</u>	Other: -
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	
			***** For Laboratory Use Only *****
Sample(s) on ice: <u>YES</u> NO			pH Strip Lot/ ID:
Receiving Temp (°C): <u>56</u>			pH < 2? YES NO Line(s) #:
Corrected Temp (°C): <u>56</u>			Data Flag(s):



## Analytical Report



<b>Client Info</b> SPL-INC 2600 Dudley Rd. Kilgore, TX 75662						<b>Report# /Lab ID#:</b> AC54721 <b>Sample Name:</b> LYFORD WWTP <b>Date Received:</b> 03/25/2025 <b>Time:</b> 13:21 <b>Date Sampled:</b> 03/25/2025 <b>Time:</b> 11:30		<b>Report Date:</b> 3/26/25	
<b>Phone:</b>						<b>EMAIL:</b> Kilgore.Projectmanagement@spla			


Parameter	Result	Unit	Flag	RL	Date/Time Analyzed	Method	Analyst	Analysis Comments
E. coli (MPN)	>2419.6	MPN		1.0	3/25/25 14:12	SM 9223 B - Coli	VM	

**Sample Comments:**

This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.

Respectfully Submitted,



Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.  
 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.  
 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.  
 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.  
 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.  
 6. Data Qualifiers:  
   **N**=Analysis not performed as per client request.    **H**=Sample exceeded holding time.    **P**=Analysis is from an unpreserved sample.    **J**=Value reported is less than the RL but greater than the MDL.  
   **X**=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed.    **LA**=Lab accident.    **LE**=Lab error.    **OA**=Outside the scope of the lab's NELAC accreditation.  
   **U**=Unsuitable; sample turned turbid after incubation.    **T**=Sample below temp requirement; not on ice.    **EQ**=Equipment failure.    **I**=Information on sample bottle and COC does not match.  
   **S**=Slow to filter; sample contains floc and/or large amount of residue on filter.    **O**=Analysis performed by an outside NELAC accredited lab;    **O^**=Analysis flagged by outside laboratory.  
   **Z**=Too many colonies present to provide a result (TNTC).    **A**=Value reported is the mean of two or more determinations.    **R**=Reagent water contamination suspected.    **B**=Sample broken in transit.  
   **NI**=Not analyzed due to interferences.    **K**=BOD result estimated due to blank exceeding the allowable oxygen depletion.    **D**=Sample dilution required for analysis/ quality control.  
   **SC**=BOD/CBOD calculated using a seed correction factor not within acceptable range.    **QB**=No QC data assigned to sample; sample result not affected.  
   **EL**=Oxygen usage is less than 2mg/L for all dilutions analyzed. The reported value is an estimated less than value and is calculated for the dilution containing the greatest concentration of sample.  
   **EG**=Less than 1mg/L DO remained for all dilutions analyzed. The reported value is an estimated greater than value and is calculated for the dilution containing the least concentration of sample.  
   **E**= The data exceed the upper calibration limit; therefore the concentration is reported as an estimate.

# CHAIN OF CUSTODY RECORD

Client Name: SPL LABS  
 Address: 2600 Dudley Rd.  
 City: Kilgore State: TX Zip: 75662  
 Phone: (903) 984 - 0551 Fax: (903) 984 - 5914

Send Email report to: kilgore.projectmanagement.spllabs.com  
 cc: joel.manjarrez@spllabs.com



Water Utilities Laboratory  
 13101 Leopard St.  
 Corpus Christi, TX 78410  
 Ph: (361) 826-1200  
 Fax: (361) 242-9131



Sampler: (PLEASE PRINT) REY DE LEON

LYFC  
R-118

Sample ID		Lab ID# <i>(Lab Use Only)</i>	Date Sampled	Time Sampled	Grab	Composite	Other	No. of Containers/ Preservative				Matrix		Residual Chlorine	Analyze For																			
								H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	Thio	Nona	WW Influent	WW Effluent	Water	Other-Specify	Total mg/L <input checked="" type="checkbox"/>	Free mg/L <input type="checkbox"/>	CBOD	BOD	TSS	TDS	Ammonia-N	TKN	Chloride	Sulfate	Phosphorus	Nitrate	Nitrite	Total Alkalinity	TOC	Fecal Coliform	Total Coliform	Enterococci	E. coli
1	Lyford WWTP	AC54720	3/25/25	11:30 AM	X					1		X				0.07																X	X	
2	LYFORD WWTP	AC54721	3/25/25	11:30 AM	X					1		X				0.07																X		
3																																		
4																																		
5																																		
6																																		

Relinquished By: <u>B. DE LEON</u>	Date: <u>3/25/25</u>	Time: <u>13:21</u>	Special Instructions/Comments:
Received By: <u>[Signature]</u>	Date: <u>3/25/25</u>	Time: <u>13:21</u>	Other* -
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	

***** For Laboratory Use Only *****			
Sample(s) on ice: <u>YES</u>	NO	pH Strip Lot/ ID:	
Receiving Temp (°C): <u>56</u>		pH < 2? YES NO Line(s) #:	
Corrected Temp (°C): <u>56</u>		Data Flag(s):	

# 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 Lyford

Permit No. WQ00 11210001

EPA ID No. TX 0084719

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

Located 0.6 mile S of the intersection of FM 1921 and State Highway 448 in Willacy County, Texas 78569.

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): Ms.

First and Last Name: Elisa Rosas

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

Title: City Secretary

Mailing Address: P.O. Box 310

City, State, Zip Code: 78569

Phone No.: (956) 347-3512 Ext.:

Fax No.:

E-mail Address: cityoflyford@lyfordtx.us

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

N/A

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 drainage ditch; thence to Willacy County Main Drain; thence to Hidalgo Main Floodwater Channel; thence to Laguna Madre in Segment No. 2491 of the Bays and Estuaries.

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

N/A

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

N/A

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

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

[REDACTED]

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

[REDACTED]

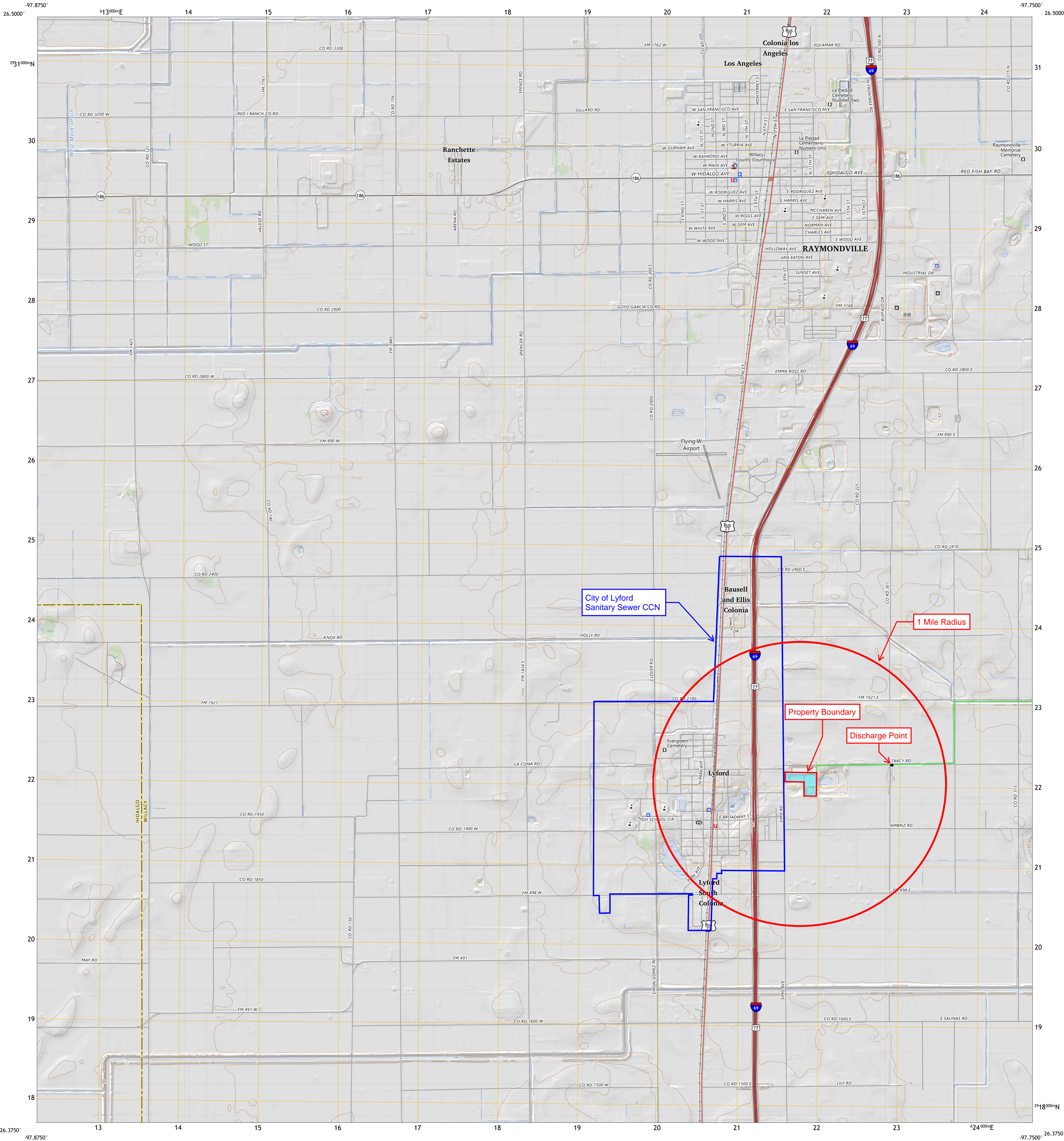




U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



RAYMONDVILLE QUADRANGLE  
TEXAS  
7.5-MINUTE TOPO

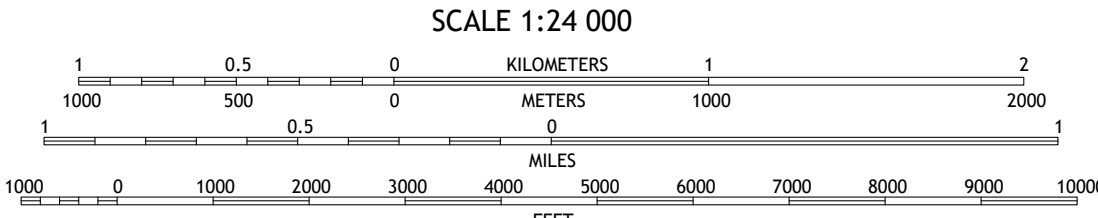
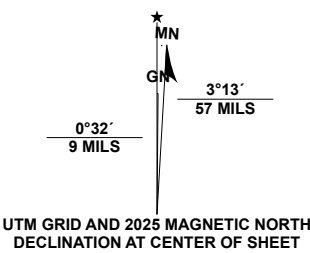


Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1 000-meter grid: UNIVERSAL TRANSVERSE MERCATOR, ZONE 14R  
Data is provided by The National Map (TNM), is the best available at the time of map  
generation, and includes data content from supporting themes of Elevation,  
Hydrography, Geographic Names, Boundaries, Transportation, Structures, Land Cover,  
and Orthoimagery. Refer to associated Federal Geographic Data Committee (FGDC)  
Metadata for additional source data information.

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. Temporal changes may have occurred since these data  
were collected and some data may no longer represent actual surface conditions.

Learn About The National Map: <https://nationalmap.gov>

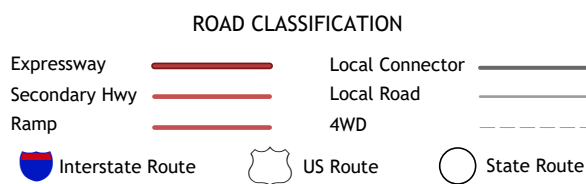


CONTOUR INTERVAL 5 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
CONTOUR SMOOTHNESS = Medium

USER DEFINED CONTENT



La Brea	San
Edwoud	Perilla
Edwoud	Perilla
Edwoud	Perilla



RAYMONDVILLE, TX  
2025

ADJOINING QUADRANGLES



## Francesca Findlay

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**From:** Pedro Espinoza <pespinoza@gmes.biz>  
**Sent:** Wednesday, May 7, 2025 8:58 AM  
**To:** Francesca Findlay  
**Cc:** Jose Munoz; City Of Lyford  
**Subject:** WQ0011210001 - City of Lyford Spanish NORI  
**Attachments:** Municipal Discharge Renewal Spanish NORI.docx

Good morning, Francesca

Please see attached translated Spanish NORI. As per our conversation earlier and your exemption, a hard copy will not be submitted. Please let me know if anything else is required, thank you.

Regards,

***Pedro Espinoza Jr, E.I.T.***

**Guzman & Munoz Engineering & Surveying Inc.**

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2020 E. Expressway 83  
Mercedes, Tx 78570  
Phone: (956) 565-4637  
Fax: (956) 565-4636

[pespinoza@gmes.biz](mailto:pespinoza@gmes.biz)

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