Administrative Package Cover Page

This file contains the following documents:

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

Plain Language Summary of Application

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

The City of Queen City (CN600647507) operates the Queen City wastewater treatment plant (RN101918910), an activated sludge process plant operated in the complete mix mode. The facility is located approximately 1,340 feet northeast of the intersection of School Lane and Walker Lane, in Queen City, Cass County, Texas 75571.

This application is for a renewal to discharge at an annual average flow of 250,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration chamber, final clarifiers, sludge digesters, chlorine contact chambers and sludge drying beds.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PERMIT NO. WQ0011225001

APPLICATION. City of Queen City, 601 Loop 236, Queen City, Texas 75572, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011225001 (EPA I.D. No. TX0034797) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 250,000 gallons per day. The domestic wastewater treatment facility is located approximately 1,340 feet notheast of the intersection of School Lane and Walker Lane, in the city of Queen City, in Cass County, Texas 75572. The discharge route is from the plant site to Cypress Creek; thence to Cypress Slough; thence to the Sulphur River Basin in the State of Arkansas. TCEQ received this application on September 18, 2025. The permit application will be available for viewing and copying at Queen City City Hall, Secretary Office, 601 Loop 236, Queen City, in Cass County, Texas prior to the date this notice is published in the newspaper. The application is available for viewing and copying 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=-94.135277,33.155277&level=18

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

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

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

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

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

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

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

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

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

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

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

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

Further information may also be obtained from City of Queen City at the address stated above or by calling Ms. Amanda Wiley, City Secretary, at 903-796-7986.

Issuance Date: November 6, 2025

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: City of Queen City

PERMIT NUMBER (If new, leave blank): WQ00<u>0011225001</u>

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

	Y	N		Y	N
Administrative Report 1.0	☒	☐	Original USGS Map	☒	☐
Administrative Report 1.1	☐	☒	Affected Landowners Map	☐	☒
SPIF	☒	☐	Landowner Disk or Labels	☐	☒
Core Data Form	☒	☐	Buffer Zone Map	☐	☒
Summary of Application (PLS)	☒	☐	Flow Diagram	☒	☐
Public Involvement Plan Form	☐	☒	Site Drawing	☒	☐
Technical Report 1.0	☒	☐	Original Photographs	☐	☒
Technical Report 1.1	☐	☒	Design Calculations	☐	☒
Worksheet 2.0	☒	☐	Solids Management Plan	☐	☒
Worksheet 2.1	☐	☒	Water Balance	☐	☒
Worksheet 3.0	☐	☒			
Worksheet 3.1	☐	☒			
Worksheet 3.2	☐	☒			
Worksheet 3.3	☐	☒			
Worksheet 4.0	☐	☒			
Worksheet 5.0	☐	☒			
Worksheet 6.0	☒	☐			
Worksheet 7.0	☐	☒			

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 ☐	$315.00 ☐
≥0.05 but <0.10 MGD	$550.00 ☐	$515.00 ☐
≥0.10 but <0.25 MGD	$850.00 ☐	$815.00 ☐
≥0.25 but <0.50 MGD	$1,250.00 ☐	$1,215.00 ☒
≥0.50 but <1.0 MGD	$1,650.00 ☐	$1,615.00 ☐
≥1.0 MGD	$2,050.00 ☐	$2,015.00 ☐

Minor Amendment (for any flow) $150.00 ☐

Payment Information:

Mailed — Check/Money Order Number: 32963

Check/Money Order Amount: $1,215.00

Name Printed on Check: Queen City Waterworks

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

- ☐ New
- ☐ Major Amendment *with* Renewal
- ☐ Major Amendment *without* Renewal
- ☒ Renewal without changes
- ☐ Minor Amendment *with* Renewal
- ☐ Minor Amendment *without* Renewal
- ☐ Minor Modification of permit

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

f. For existing permits:

Permit Number: WQ00 0011225001

EPA I.D. (TPDES only): TX 0034797

Expiration Date: 03/18/2026

Section 3. Facility Owner (Applicant) and Co-Applicant 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 Queen City

(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: 600647507

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

Prefix: Mr

Last Name, First Name: Martin, Harold

Title: Mayor

Credential: Mayor

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

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

Click to enter text.

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

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

CN: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

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

C. Core Data Form

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

Section 4. Application Contact Information (Instructions Page 27)

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

A. Prefix: Mr Last Name, First Name: Whittington, James

Title: Consultant Credential: P.G.

Organization Name: A. L. Franks Engineering

Mailing Address: 118 East Broad ST City, State, Zip Code: Texarkana, AR 71854

Phone No.: 9032779712 E-mail Address: jwhittington@alfranksengineering.com

Check one or both: ☒ Administrative Contact ☒ Technical Contact

B. Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

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

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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: Mrs. Last Name, First Name: Wiley, Amanda

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Queen City

Mailing Address: 601 Loop 236 City, State, Zip Code: Queen City, TX 75571

Phone No.: 9037967986 E-mail Address: Amanda.wiley@qcpdtx.org

B. Prefix: Ms Last Name, First Name: Francis, Mitzi

Title: Sewer Operator Credential: WW0061970

Organization Name: City of Queen City

Mailing Address: 601 Loop 236 City, State, Zip Code: Queen City, TX 75571

Phone No.: 9037967986 E-mail Address: Amanda.wiley@qcpdtx.org

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mrs Last Name, First Name: Wiley, Amanda

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Queen City

Mailing Address: 601 Loop 236 City, State, Zip Code: Quenn City, TX 75571

Phone No.: 9037967986 E-mail Address: Amanada.wiley@qcpdtx.org

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

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

Prefix: Mrs. Last Name, First Name: Wiley, Amanda

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Queen City

Mailing Address: 601 Loop 236 City, State, Zip Code: Queen City, TX 75571

Phone No.: 9037967986 E-mail Address: Amanda.wiley@qcpdtx.org

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mrs. Last Name, First Name: Wiley, Amanda

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Queen City

Mailing Address: 601 Loop 236 City, State, Zip Code: Queen City, TX 75571

Phone No.: 9037967986 E-mail Address: Amanda.wiley@qcpdtx.org

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

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

☒ E-mail Address

☐ Fax

☒ Regular Mail

C. Contact permit to be listed in the Notices

Prefix: Mrs Last Name, First Name: Wiley, Amanda

Title: City Secretary Credential: Click to enter text.

Organization Name: City of Queen City

Mailing Address: 601 Loop 236 City, State, Zip Code: Queen City, TX 75571

Phone No.: 9037967986 E-mail Address: Amanda.wiley@qcpdtx.org

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: Queen City – City Hall

Location within the building: Secretary Office

Physical Address of Building: 601 Loop 236

City: Queen City County: Cass

Contact (Last Name, First Name): Wiley, Amanda

Phone No.: 9037967986 Ext.: Click to enter text.

E. Bilingual Notice Requirements

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

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

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

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

   ☐ Yes ☒ No

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

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

   ☐ Yes ☐ No

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

F. 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: Click to enter text.

G. Public Involvement Plan Form

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

Attachment: Click to enter text.

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

A. If the site is currently regulated by TCEQ, provide the Regulated Entity Number (RN) issued to this site. **RN** 101918910

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):

Queen City WWTF

C. Owner of treatment facility: City of Queen City

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

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: City of Queen City

Mailing Address: 601 Loop 236 City, State, Zip Code: Queen City, TX 75571

Phone No.: 9037967986 E-mail Address: Amanda.wiley@qcpdtx.org

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

Attachment: Click to enter text.

E. Owner of effluent disposal site:

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

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

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

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

Prefix: Click to enter text. Last Name, First Name: Click to enter text.

Title: Click to enter text. Credential: Click to enter text.

Organization Name: Click to enter text.

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

Phone No.: Click to enter text. E-mail Address: Click to enter text.

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

Attachment: Click to enter text.

Section 10. TPDES Discharge Information (Instructions Page 31)

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

☒ Yes ☐ No

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

Click to enter text.

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

☒ Yes ☐ No

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

Click to enter text.

City nearest the outfall(s): City of Queen City

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

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

☐ Yes ☒ No

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

☐ Authorization granted ☐ Authorization pending

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

Attachment: Click to enter text.

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

Section 11. TLAP Disposal Information (Instructions Page 32)

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

☐ Yes ☐ No

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

Click to enter text.

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

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

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

Click to enter text.

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

Section 12. Miscellaneous Information (Instructions Page 32)

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

☐ Yes ☒ No

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

☐ Yes ☐ No ☒ Not Applicable

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

Click to enter text.

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

☐ Yes ☒ No

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

D. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If **yes**, provide the following information:

Account number: Click to enter text.

Amount past due: Click to enter text.

E. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If **yes**, please provide the following information:

Enforcement order number: Click to enter text.

Amount past due: Click to enter text.

Section 13. Attachments (Instructions Page 33)

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

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

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

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

☐ Attachment 1 for Individuals as co-applicants

☐ Other Attachments. Please specify: Click to enter text.

Section 14. Signature Page (Instructions Page 34)

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

Permit Number: WQ0011225500l

Applicant: City of Queen City, TX

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): Harold Martin

Signatory title: Mayor

Signature: Harold Martin Date: 9-16-25

(Use blue ink)

Subscribed and Sworn to before me by the said Harold Martin

on this 16th day of September, 2025.

My commission expires on the 10th day of May, 2029.

Amanda Wiley

Notary Public *[SEAL]*

Cass

County, Texas

AMANDA WILEY
Notary Public, State of Texas
Comm. Expires 05-10-2029
Notary ID 129360957

DOMESTIC WASTEWATER PERMIT APPLICATION ADMINISTRATIVE REPORT 1.0

The following information is required for new and amendment applications.

Section 1. Affected Landowner Information (Instructions Page 36)

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

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

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

C. ☐ Indicate by a check mark that the landowners list has also been provided as mailing labels in electronic format (Avery 5160).

D. Provide the source of the landowners' names and mailing addresses: Click to enter text.

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

☐ Yes ☐ No

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

Click to enter text.

Section 2. Original Photographs (Instructions Page 38)

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

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

Section 3. Buffer Zone Map (Instructions Page 38)

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

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

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

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

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

☐ Yes ☐ No

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: Click to enter text.

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

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

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

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

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

BY OVERNIGHT/EXPRESS MAIL

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

Fee Code: WQP **Waste Permit No:** WQ0011225001

1. Check or Money Order Number: [redacted]
2. Check or Money Order Amount: $1,215.00
3. Date of Check or Money Order: 9/17/2025
4. Name on Check or Money Order: Queen City Waterworks
5. APPLICATION INFORMATION

   Name of Project or Site: Queen City WWTP

   Physical Address of Project or Site: 601 loop 236 Queen City, TX 75571

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

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Section 1. Individual Information (Instructions Page 41)

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

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

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

Driver's License or State Identification Number: Click to enter text.

Date of Birth: Click to enter text.

Mailing Address: Click to enter text.

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

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

E-mail Address: Click to enter text.

CN: Click to enter text.

For Commission Use Only:
Customer Number:
Regulated Entity Number:
Permit Number:

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

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

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

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

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

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

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

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

Things to Know:

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

Landowners 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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

_____ Texas Historical Commission _____ U.S. Fish and Wildlife

_____ Texas Parks and Wildlife Department _____ U.S. Army Corps of Engineers

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

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

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

The following applies to all applications:

1. Permittee: Queen City, TX

   Permit No. WQ00 0011225001 EPA ID No. TX 0034797

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

   Located approximately 1,340 ft NE of intersection of School Lane and Walker Lane, Queen City, Cass County TX.

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): Mrs.

First and Last Name: Amanda Wiley

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

Title: City Secretary

Mailing Address: 601 Loop 236

City, State, Zip Code: Queen City, TX 75571

Phone No.: 9037968976 Ext.: Fax No.:

E-mail Address: Amanda.wiley@qcpdtx.org

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

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

To Cypress Creek, thense to Cypress Slough, thence to the Sulphur River basin segment number 0300 in the State of Arkansas

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

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

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

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

☐ Disturbance of vegetation or wetlands

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

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

The facility is currently in use as an active municipal wastewater treatment facility covering approximately two acres.

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

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

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

TCEQ Use Only

TCEQ Core Data Form

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

SECTION I: General Information

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

☐ New Permit, Registration or Authorization *(Core Data Form should be submitted with the program application.)*

☒ Renewal *(Core Data Form should be submitted with the renewal form)* ☐ Other

2. Customer Reference Number *(if issued)*	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number *(if issued)*
CN 600647507		RN 101918910

SECTION II: Customer Information

4. General Customer Information | **5. Effective Date for Customer Information Updates** (mm/dd/yyyy): 9/12/2025

☐ New Customer ☒ Update to Customer Information ☐ Change in Regulated Entity Ownership

☐ Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)

The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).

6. Customer Legal Name *(If an individual, print last name first: eg: Doe, John)* — *If new Customer, enter previous Customer below:*

City of Queen City

7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number *(if applicable)*
	75-1336945	75-1336945	169112104

11. Type of Customer: ☐ Corporation ☐ Individual Partnership: ☐ General ☐ Limited

Government: ☒ City ☐ County ☐ Federal ☐ State ☐ Other ☐ Sole Proprietorship ☐ Other:

12. Number of Employees
☒ 0-20 ☐ 21-100 ☐ 101-250 ☐ 251-500 ☐ 501 and higher

13. Independently Owned and Operated?
☒ Yes ☐ No

14. Customer Role (Proposed or Actual) – *as it relates to the Regulated Entity listed on this form. Please check one of the following*

☐ Owner ☐ Operator ☒ Owner & Operator
☐ Occupational Licensee ☐ Responsible Party ☐ Voluntary Cleanup Applicant ☐ Other:

15. Mailing Address:

City of Queen City
601 Loop 236

City	Queen City	State	TX	ZIP	75572	ZIP + 4	

16. Country Mailing Information *(if outside USA)*	17. E-Mail Address *(if applicable)*
	amanda.wiley@qcpdtx.org

18. Telephone Number	19. Extension or Code	20. Fax Number *(if applicable)*
(903) 796-7986		(855) 330-1186

SECTION III: Regulated Entity Information

21. General Regulated Entity Information *(If 'New Regulated Entity" is selected below this form should be accompanied by a permit application)*

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

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

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

City of Queen City WWTP

23. Street Address of the Regulated Entity: *(No PO Boxes)*	City of Queen City							
	601 Loop 236							
	City	Queen City	State	TX	ZIP	75572	ZIP + 4	
24. County	Cass							

Enter Physical Location Description if no street address is provided.

25. Description to Physical Location:	approximately 1,340 feet northeast of the intersection of School Lane and Walker Lane				
26. Nearest City			State	Nearest ZIP Code	
Queen City			TX	75572	
27. Latitude (N) In Decimal:			28. Longitude (W) In Decimal:		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
33	09	18.39	94	08	07.4

29. Primary SIC Code (4 digits)	30. Secondary SIC Code (4 digits)	31. Primary NAICS Code (5 or 6 digits)	32. Secondary NAICS Code (5 or 6 digits)
4952		221320	

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

City Government and Utility Provider (Water Utility / Sanitary Sewer Collection and Treatment)

34. Mailing Address:	City of Queen City							
	601 Loop 236							
	City	Queen City	State	TX	ZIP	75572	ZIP + 4	
35. E-Mail Address:	amanda.wiley@qcpdtx.org							

36. Telephone Number	37. Extension or Code	38. Fax Number *(if applicable)*
(903) 796-7986		(855) 330-1186

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.

☐ Dam Safety	☐ Districts	☐ Edwards Aquifer	☐ Emissions Inventory Air	☐ Industrial Hazardous Waste
☐ Municipal Solid Waste	☐ New Source Review Air	☐ OSSF	☐ Petroleum Storage Tank	☐ PWS
☐ Sludge	☐ Storm Water	☐ Title V Air	☐ Tires	☐ Used Oil
☐ Voluntary Cleanup	☒ Waste Water	☐ Wastewater Agriculture	☐ Water Rights	☐ Other:
	TPDES TX0034797			

SECTION IV: Preparer Information

40. Name:	Jason Haley	41. Title:	City Engineer

42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(870) 216-1906		(870) 216-1907	jhaley@alfranksengineering.com

SECTION V: Authorized Signature

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

Company:	City of Queen City	Job Title:	Mayor	
Name *(In Print)*:	Harold Martin		Phone:	(903) 796- 7986
Signature:	Harold Martin		Date:	9-16-25

Plain Language Summary of Application

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

The City of Queen City (CN600647507) operates the Queen City wastewater treatment plant (RN101918910), an activated sludge process plant operated in the complete mix mode. The facility is located approximately 1,340 feet northeast of the intersection of School Lane and Walker Lane, in Queen City, Cass County, Texas 75571.

This application is for a renewal to discharge at an annual average flow of 250,000 gallons per day of treated domestic wastewater via Outfall 001.

Discharges from the facility are expected to contain five-day carbonaceous biochemical oxygen demand ($CBOD_5$), total suspended solids (TSS), ammonia nitrogen (NH_3-N), and *Escherichia coli*. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7. Pollutant Analysis of Treated Effluent and Domestic Worksheet 4.0 in the permit application package. Domestic wastewater is treated by an activated sludge process plant and the treatment units include a bar screen, aeration chamber, final clarifiers, sludge digesters, chlorine contact chambers and sludge drying beds.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

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

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

Section 1. Permitted or Proposed Flows (Instructions Page 42)

A. Existing/Interim I Phase

Design Flow (MGD): 0.25

2-Hr Peak Flow (MGD): 0.587

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): 0.25

2-Hr Peak Flow (MGD): 0.587

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: 2013

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 treatment plant includes a concrete circular flow equalization basin that is aerated and also includes lift station pumps to convey wastewater to the circular packaged treatment plant. The treatment plant includes aeration, sludge digesters, and a center upflow clarifier, followed by a chlorine disinfection chamber. Treated wastewater then flows to the discharge point. Waste sludge can be drained to a sludge drying bed.

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)
EQ Basin	1	50’ diameter, x’ 15’D
Package treatment plant	1	64’ diameter
Aeration basin	1	86’L x 12’W x 8.5’D
Sludge digester	2	27’L x 12’W x 8.5’D
Clarifier	1	38’Diameter x 8.5’ D
Chlorine Contact	1	18’L x 8.5’D
Drying Beds	4	38’L x 20’W

C. Process Flow Diagram

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

Attachment: Click to enter text.

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

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

- Latitude: 33.155902
- Longitude: -94.135355

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

- Latitude: NA
- Longitude: NA

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

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

Attachment: Click to enter text.
Provide the name **and** a description of the area served by the treatment facility.

The treatment plant serves the city of queen city, texas with a 2020 population of 1,397. The service area is largely residential users but also includes schools, churches, and commercial users. The City does not serve any Industrial wastewater users.

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

Collection System Information

Collection System Name	Owner Name	Owner Type	Population Served
City of Queen City, TX	Queen City	**Publicly Owned**	**1,397**
		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**.

Click to enter text.

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.

Click to enter text.

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: Click to enter text.

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

Click to enter text.

B. Buffer zones

Have the buffer zone requirements been met?

☒ Yes ☐ No

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

Click to enter text.

C. Other actions required by the current permit

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

☐ Yes ☒ No

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

Click to enter text.

D. Grit and grease treatment

1. Acceptance of grit and grease waste

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

☐ Yes ☒ No

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

2. Grit and grease processing

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

Click to enter text.

3. Grit disposal

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

☐ Yes ☐ No

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

Describe the method of grit disposal.

Click to enter text.

4. *Grease and decanted liquid disposal*

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

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

Click to enter text.

E. Stormwater management

1. *Applicability*

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

2. *MSGP coverage*

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

3. *Conditional exclusion*

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

☐ Yes ☐ No

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

Click to enter text.

4. Existing coverage in individual permit

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

☐ Yes ☐ No

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

Click to enter text.

5. Zero stormwater discharge

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

☐ Yes ☐ No

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

Click to enter text.

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

6. Request for coverage in individual permit

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

☐ Yes ☒ No

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

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

Click to enter text.

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

In addition, provide the date the plant started or is anticipated to start accepting sludge, an estimate of monthly sludge acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the sludge, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

Click to enter text.

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes to any of the above, provide the date the plant started or is anticipated to start accepting septic waste, an estimate of monthly septic waste acceptance (gallons or millions of gallons), an estimate of the BOD_5 concentration of the septic waste, and the design BOD_5 concentration of the influent from the collection system. Also note if this information has or has not changed since the last permit action.

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). **W*ater 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
$CBOD_5$, mg/l	4.95	4.95	1	grab	07/30/25
Total Suspended Solids, mg/l	7.67	7.67	1	grab	07/30/25
Ammonia Nitrogen, mg/l	0.046	0.046	1	grab	07/30/25
Nitrate Nitrogen, mg/l	11.1	11.1	1	grab	07/30/25
Total Kjeldahl Nitrogen, mg/l	1.00	1.00	1	grab	07/30/25
Sulfate, mg/l	14.9	14.9	1	grab	07/30/25
Chloride, mg/l	209	209	1	grab	07/30/25
Total Phosphorus, mg/l	2.75	2.75	1	grab	07/30/25
pH, standard units	7.4	7.4	1	grab	07/30/25
Dissolved Oxygen*, mg/l	7.5	7.5	1	grab	07/30/25
Chlorine Residual, mg/l	0.270	0.270	1	grab	07/30/25
E.coli (CFU/100ml) freshwater	1.0	1.0	1	grab	07/30/25
Entercocci (CFU/100ml) saltwater	NA	NA	1	grab	07/30/25
Total Dissolved Solids, mg/l	380	380	1	grab	07/30/25
Electrical Conductivity, µmohs/cm, †	1030	1030	1	grab	07/30/25
Oil & Grease, mg/l	<4.44	<4.44	1	grab	07/30/25
Alkalinity ($CaCO_3$)*, mg/l	124	124	1	grab	07/30/25

*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 ($CaCO_3$), mg/l					

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Mitzi K Francis

Facility Operator's License Classification and Level: WWOL C

Facility Operator's License Number: WW0061970

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

B. 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 (>= 2 years)
- ☐ Methane or Biogas Recovery
- ☐ Other Treatment Process: Click to enter text.

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
Disposal in Landfill	Off-site Third-Party Handler or Preparer	Bulk		N/A: Disposal in Landfill	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: New Boston Landfill

TCEQ permit or registration number: 576C TXR000084607

County where disposal site is located: Bowie

E. Transportation method

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

Name of the hauler: Waste Management

Hauler registration number: 23944

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	☐ Yes	☒ No
Marketing and Distribution of Biosolids	☐ Yes	☒ No
Sludge Surface Disposal or Sludge Monofill	☐ Yes	☒ No
Temporary storage in sludge lagoons	☐ Yes	☒ 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 $1x10^{-7}$ 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:

Docket Number 2025-0323-MWD-E dated July 11, 2025. The city of Queen City has submitted an application to perform a Supplemental Environmental Project (SEP) for upgrades to the facility aeration system, solids removal, smoke testing, and collection system repairs. The application is still pending final TCEQ review and approval.

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: Harold Martin

Title: Mayor

Signature: Harold Martin

Date: 9-16-25

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 it 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: Click to enter text.

A. Receiving water type

Identify the appropriate description of the receiving waters.

☒ Stream

☐ Freshwater Swamp or Marsh

☐ Lake or Pond

Surface area, in acres: Click to enter text.

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

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

☐ Man-made Channel or Ditch

☐ Open Bay

☐ Tidal Stream, Bayou, or Marsh

☐ Other, specify: Click to enter text.

B. Flow characteristics

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

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

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

☐ Perennial - normally flowing

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

☐ USGS flow records

☐ Historical observation by adjacent landowners

☒ Personal observation

☐ Other, specify: Click to enter text.

C. Downstream perennial confluences

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

Unnamed tributaries of Cypress Creek

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.

Facility is located near the headwaters of Cypress Creek. In the vicinity of the WWTF the stream is fed by a limited drainage basin. The limited amount of recharge coupled with the sandy substrate in the Queen City area combine to restrict or completely eliminate flow during the dry season.

Date and time of observation: August 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
☐ Upstream discharges
☐ Septic tanks
☐ Urban runoff
☐ Agricultural runoff
☐ Other(s), specify: Click to enter text.

B. Waterbody uses

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

- ☒ Livestock watering
- ☐ Irrigation withdrawal
- ☐ Fishing
- ☐ Domestic water supply
- ☐ Park activities
- ☐ Contact recreation
- ☐ Non-contact recreation
- ☐ Navigation
- ☐ Industrial water supply
- ☐ Other(s), specify: Click to enter text.

C. Waterbody aesthetics

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

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

DOMESTIC WASTEWATER PERMIT APPLICATION WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following **is required** for **all publicly owned treatment works**.

Section 1. All POTWs (Instructions Page 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: Click to enter text.

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: Click to enter text.

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: Click to enter text.

B. Treatment plant interference

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

☐ Yes ☒ No

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

Click to enter text.

C. Treatment plant pass through

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

☐ Yes ☒ No

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

Click to enter text.

D. Pretreatment program

Does your POTW have an approved pretreatment program?

☐ Yes ☒ No

If yes, complete Section 2 only of this Worksheet.

Is your POTW required to develop an approved pretreatment program?

☐ Yes ☒ No

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

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

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: Click to enter text.

SIC Code: Click to enter text.

Contact name: Click to enter text.

Address: Click to enter text.

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

Telephone number: Click to enter text.

Email address: Click to enter text.

B. Process information

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

Click to enter text.

C. Product and service information

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

Click to enter text.

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: Click to enter text.

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

Is the SIU or CIU subject to technically based local limits as defined in the *i*nstructions?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Category: Subcategories: Click to enter text.

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

Category: Click to enter text.

Subcategories: 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

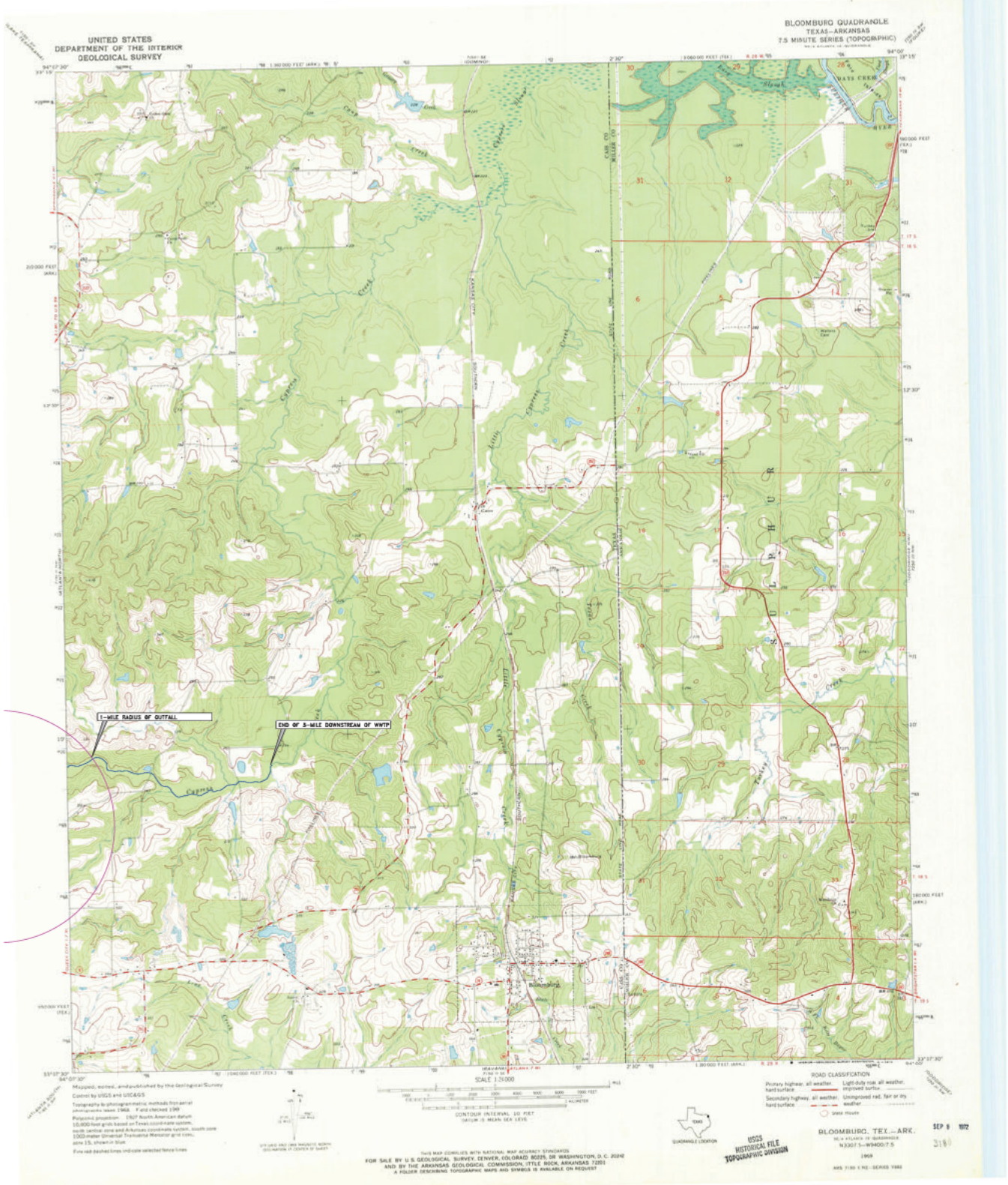
Has the SIU or CIU caused or contributed to any problems (e.g., interferences, pass through, odors, corrosion, blockages) at your POTW in the past three years?

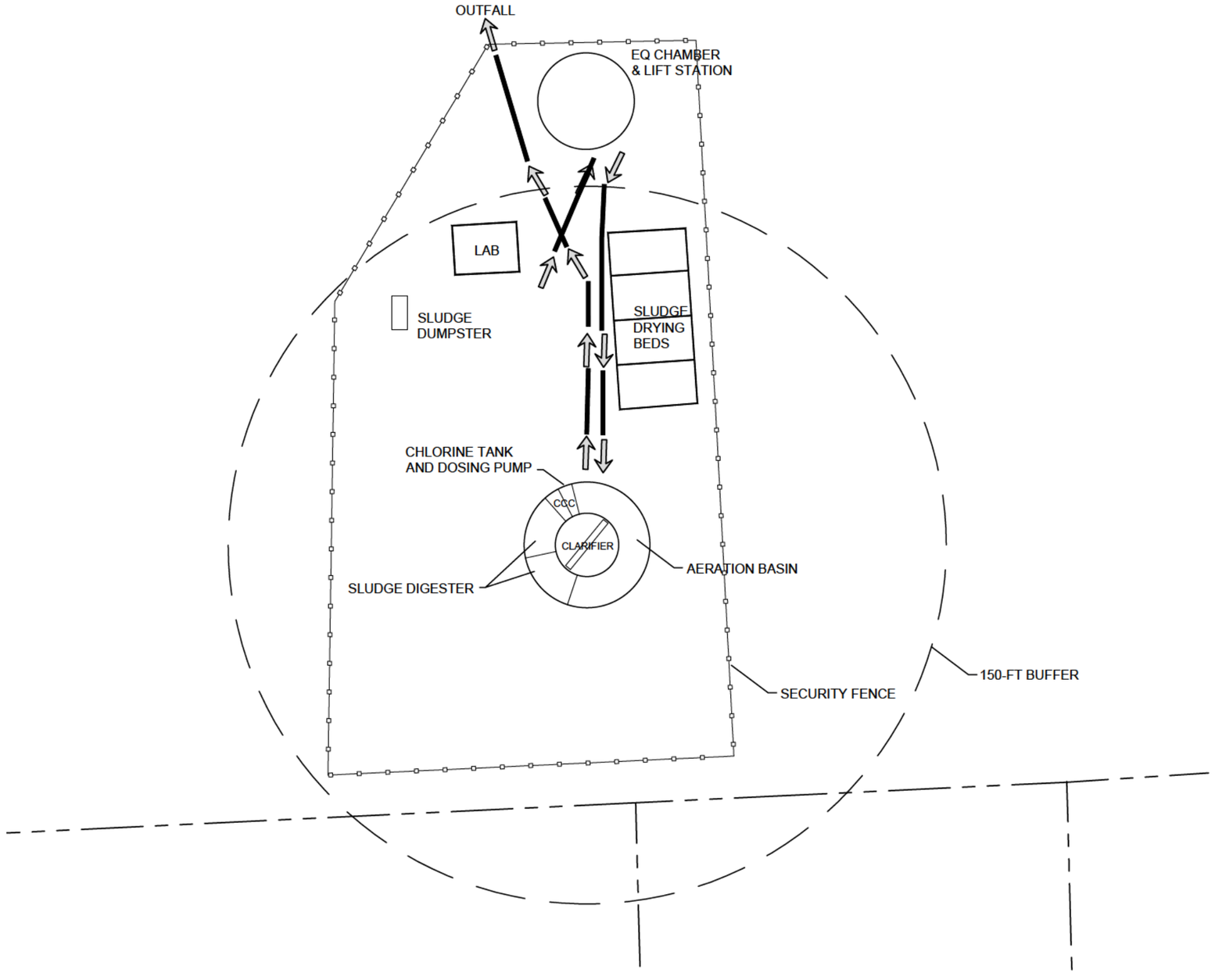
☐ Yes ☐ No

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

Click to enter text.


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
ATLANTA NORTH QUADRANGLE
TEXAS
7.5 MINUTE SERIES (TOPOGRAPHIC)
LAKE TEXARKANA
WWTP OUTFALL
WWTP FACILITY
PROPERTY BOUNDARY
1-MILE RADIUS OF OUTFALL
Queen City
Atlanta
Mapped, edited, and published by the Geological Survey
SCALE 1:24000
CONTOUR INTERVAL 10 FEET
ROAD CLASSIFICATION
ATLANTA NORTH, TEX.
1969


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
BLOOMBURG QUADRANGLE
TEXAS—ARKANSAS
7.5 MINUTE SERIES (TOPOGRAPHIC)
1-MILE RADIUS OF OUTFALL
END OF 3-MILE DOWNSTREAM OF WWTP
Bloomburg
SCALE 1:24000
ROAD CLASSIFICATION
BLOOMBURG, TEX.—ARK.
1969
SEP 9 1972
USGS
HISTORICAL FILE
TOPOGRAPHIC DIVISION



TPDES #WQ0011225001
EPA ID #TX0034797

WASTEWATER TREATMENT PLANT - SITE MAP

HOR. SCALE: 1"=60'

No.	Date	Revision	By

A. L. FRANKS ENGINEERING

118 East Broad Street
Texarkana, Arkansas 71854
Phone (870) 216-1906
Fax (870) 216-1907

101 West Main, Ste. 413
El Dorado, Arkansas 71730
Phone (870) 444-5160
Fax (870) 444-5161

CITY OF QUEEN CITY, TX
WASTEWATER TREATMENT PLANT
FLOW DIAGRAM

Job No.: QC-01-20
Scale: 1"=60'
Date: APRIL 2020
Sheet 1

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

Project
1156601

QUE1-A

City of Queen City
Mitzi Francis
Water & Sewer Dept.
P. O. Box 301
Queen City, TX 75572

Printed 08/08/2025
8:33

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1156601_r03_03_ProjectResults	SPL Kilgore Project P:1156601 C:QUE1 Project Results t:304	7
1156601_r10_05_ProjectQC	SPL Kilgore Project P:1156601 C:QUE1 Project Quality Control Groups	8
1156601_r99_09_CoC__1_of_1	SPL Kilgore CoC QUE1 1156601_1_of_1	6
	Total Pages:	23

Email: Kilgore.ProjectManagement@spllabs.com

2600 Dudley Rd. Kilgore, Texas 75662
24 Waterway Avenue, Suite 375 The Woodlands, TX 77380
Office: 903-984-0551 * Fax: 903-984-5914

SAMPLE CROSS REFERENCE

Project
1156601

City of Queen City
Mitzi Francis
Water & Sewer Dept.
P. O. Box 301
Queen City, TX 75572

Sample	Sample ID	Taken	Time	Received
2432832	*WWTP Permit Renewal*	07/30/2025	09:33:00	07/30/2025

Bottle 01 Polyethylene 1/2 gal (White), Q
Bottle 02 Polyethylene Quart, Q
Bottle 03 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
Bottle 04 H2SO4 to pH <2 Glass Qt w/Teflon lined lid, Q
Bottle 05 HNO3 to pH <2 Polyethylene 500 mL for Metals, Q
Bottle 06 8 oz Plastic H2SO4 pH < 2, Q
Bottle 07 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I
Bottle 08 Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I
Bottle 09 BOD Titration Beaker A (Batch 1187994) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 10 BOD Analytical Beaker B (Batch 1187994) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 11 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1188115) Volume: 6.00000 mL <== Derived from 06 (6 ml)
Bottle 12 Prepared Bottle: ICP Preparation for Metals (Batch 1188169) Volume: 50.00000 mL <== Derived from 05 (50 ml)
Bottle 13 Prepared Bottle: TKN TRAACS Autosampler Vial (Batch 1188298) Volume: 20.00000 mL <== Derived from 06 (20 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
EPA 300.0 2.1	01	1188447	07/31/2025	1188447	07/31/2025
EPA 200.7 4.4	12	1188169	07/31/2025	1188360	08/01/2025
SM 2320 B-2011	02	1189471	08/06/2025	1189471	08/06/2025
SM 5210 B-2016 (TCMP Inhibitor)	01	1187994	08/05/2025	1187994	08/05/2025
SM 2510 B-2011	01	1188877	08/05/2025	1188877	08/05/2025
SM 4500-Cl G-2011		1187969	07/30/2025	1187969	07/30/2025
SM 4500-O G-2016		1187970	07/30/2025	1187970	07/30/2025
EPA 1664B (HEM)	03	1188476	08/01/2025	1188476	08/01/2025
SM 9223 B (Colilert-18 QT)-2016	07	1188123	07/31/2025	1188123	07/31/2025
SM 9223 B (Colilert-18 QT)-2016	07	1188122	07/31/2025	1188122	07/31/2025
EPA 350.1 2	11	1188115	07/31/2025	1188838	08/05/2025
SM 2540 C-2020	02	1189060	08/04/2025	1189060	08/04/2025
EPA 351.2 2	13	1188298	08/01/2025	1188428	08/01/2025
SM 2540 D-2020	01	1188300	07/31/2025	1188300	07/31/2025
SM 4500-H+ B-2011		1187971	07/30/2025	1187971	07/30/2025

Sample	Sample ID	Taken	Time	Received
2432833	*Sewage Effluent Wastewater*	07/30/2025	09:37:00	07/30/2025

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SAMPLE CROSS REFERENCE

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Water & Sewer Dept.
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Bottle 01 Polyethylene 1/2 gal (White), Q
Bottle 02 8 oz Plastic H2SO4 pH < 2, Q
Bottle 03 BOD Titration Beaker A (Batch 1187994) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 04 BOD Analytical Beaker B (Batch 1187994) Volume: 100.00000 mL <== Derived from 01 (100 ml)
Bottle 05 Prepared Bottle: NH3N TRAACS Autosampler Vial (Batch 1188115) Volume: 6.00000 mL <== Derived from 02 (6 ml)

Method	Bottle	PrepSet	Preparation	QcGroup	Analytical
SM 5210 B-2016 (TCMP Inhibitor)	01	1187994	08/05/2025	1187994	08/05/2025
SM 4500-O G-2016		1187970	07/30/2025	1187970	07/30/2025
EPA Calc.			08/08/2025		08/08/2025
EPA 350.1 2	05	1188115	07/31/2025	1188838	08/05/2025
SM 2540 D-2020	01	1188300	07/31/2025	1188300	07/31/2025
EPA Specified Cal.			08/08/2025		08/08/2025

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Printed: 08/08/2025

RESULTS

Sample Results

2432832 **WWTP Permit Renewal** Received: 07/30/2025

Non-Potable Water Collected by: HJJ SPL Kilgore PO:
Taken: 07/30/2025 09:33:00

EPA 1664B (HEM) Prepared: 1188476 08/01/2025 07:10:00 Analyzed 1188476 08/01/2025 07:10:00 MAX

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Oil and Grease (HEM)**	**<4.44**	**mg/L**	4.44			03

EPA 200.7 4.4 Prepared: 1188169 07/31/2025 12:00:00 Analyzed 1188360 08/01/2025 09:07:00 MP1

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Phosphorus**	**2.75**	**mg/L**	0.040		**7723-14-0**	12

EPA 300.0 2.1 Prepared: 1188447 07/31/2025 16:55:00 Analyzed 1188447 07/31/2025 16:55:00 KRA

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Chloride**	**209**	**mg/L**	3.00			01
NELAC	**Nitrate-Nitrogen Total**	**11.1**	**mg/L**	0.226		**14797-55-8**	01
NELAC	**Sulfate**	**14.9**	**mg/L**	3.00			01

EPA 350.1 2 Prepared: 1188115 07/31/2025 11:24:43 Analyzed 1188838 08/05/2025 07:39:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**0.046**	**mg/L**	0.020			11

EPA 351.2 2 Prepared: 1188298 08/01/2025 06:59:58 Analyzed 1188428 08/01/2025 11:06:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Kjeldahl Nitrogen**	**1.00**	**mg/L**	0.050		**7727-37-9**	13

SM 2320 B-2011 Prepared: 1189471 08/06/2025 09:43:00 Analyzed 1189471 08/06/2025 09:43:00 TRC

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Alkalinity (as CaCO3)**	**124**	**mg/L**	1.00			02

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2432832 **WWTP Permit Renewal** Received: 07/30/2025

Non-Potable Water Collected by: HJJ SPL Kilgore PO:
Taken: 07/30/2025 09:33:00

SM 2510 B-2011 Prepared: 1188877 08/05/2025 12:31:00 Analyzed 1188877 08/05/2025 12:31:00 JKL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Lab Spec. Conductance at 25 C	1030	umhos/cm				01

SM 2540 C-2020 Prepared: 1189060 08/04/2025 08:50:00 Analyzed 1189060 08/04/2025 08:50:00 JMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Dissolved Solids	380	mg/L	50.0			02

SM 2540 D-2020 Prepared: 1188300 07/31/2025 06:21:00 Analyzed 1188300 07/31/2025 06:21:00 LSM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Total Suspended Solids	7.67	mg/L	3.33			01

SM 4500-Cl G-2011 Prepared: 1187969 07/30/2025 09:53:00 Analyzed 1187969 07/30/2025 09:53:00 HJJ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	0.270	mg/L	0.05			

SM 4500-H+ B-2011 Prepared: 1187971 07/30/2025 09:14:00 Analyzed 1187971 07/30/2025 09:14:00 HJJ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	pH (Onsite)	7.4	SU				

SM 4500-O G-2016 Prepared: 1187970 07/30/2025 09:49:00 Analyzed 1187970 07/30/2025 09:49:00 HJJ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	Dissolved Oxygen Onsite	7.5	mg/L	1.0			

SM 5210 B-2016 (TCMP Inhibitor) Prepared: 1187994 07/31/2025 Analyzed 1187994 08/05/2025 11:07:29 ESN

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	BOD Carbonaceous	4.95	mg/L	2.00			01

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2432832 WWTP Permit Renewal

Received: 07/30/2025

Non-Potable Water | Collected by: HJJ | SPL Kilgore | PO:
Taken: 07/30/2025 09:33:00

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1188122 07/31/2025 11:21:00 Analyzed 1188122 07/31/2025 11:21:00 MDM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, Total Coliform, Non-Pot**	**11.0**	**MPN/100mL**	1.00			07

SM 9223 B (Colilert-18 QT)-2016 Prepared: 1188123 07/31/2025 11:21:00 Analyzed 1188123 07/31/2025 11:21:00 MDM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**MPN, E.coli, Col.-18 - Non-Pot**	**1.0**	**MPN/100mL**	1.00			07

2432833 Sewage Effluent Wastewater

Received: 07/30/2025

Non-Potable Water | Collected by: HJJ | SPL Kilgore | PO:
Taken: 07/30/2025 09:37:00
TX0034797

Prepared: 07/30/2025 17:01:38 Calculated 07/30/2025 17:01:38 CAL

Parameter	Results	Units	RL	Flags	CAS	Bottle
Sampling/Transport/Repacking	**Verified**					

Prepared: 08/08/2025 00:00:00 Calculated 08/08/2025 00:00:00 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**BODc lbs/DAY**	**<1.67**	**lbs/day**				

Prepared: 1187972 07/30/2025 09:52:00 Analyzed 1187972 07/30/2025 09:52:00 HJJ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**Flow, Client Supplied**	**0.10**	**MGD**				

EPA 350.1 2 Prepared: 1188115 07/31/2025 11:24:43 Analyzed 1188838 08/05/2025 07:39:00 AMB

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Ammonia Nitrogen**	**0.063**	**mg/L**	0.020			05

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2432833 Sewage Effluent Wastewater

Received: 07/30/2025

Non-Potable Water | Collected by: HJJ | SPL Kilgore | PO:
Taken: 07/30/2025 09:37:00
TX0034797

EPA Calc. — Prepared: 08/08/2025 00:00:00 — Calculated 08/08/2025 00:00:00 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**Ammonia Nitrogen lbs/DAY**	**0.0525**	**lbs/day**				

EPA Specified Cal. — Prepared: 08/08/2025 00:00:00 — Calculated 08/08/2025 00:00:00 CAL

	Parameter	Results	Units	RL	Flags	CAS	Bottle
z	**TSS lbs/DAY**	**6.17**	**lbs/day**				

SM 2540 D-2020 — Prepared: 1188300 07/31/2025 06:21:00 — Analyzed 1188300 07/31/2025 06:21:00 LSM

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Total Suspended Solids**	**7.40**	**mg/L**	4.00			01

SM 4500-O G-2016 — Prepared: 1187970 07/30/2025 09:49:00 — Analyzed 1187970 07/30/2025 09:49:00 HJJ

	Parameter	Results	Units	RL	Flags	CAS	Bottle
NELAC	**Dissolved Oxygen Onsite**	**7.5**	**mg/L**	1.0			

SM 5210 B-2016 (TCMP Inhibitor) — Prepared: 1187994 07/31/2025 — Analyzed 1187994 08/05/2025 11:11:38 ESN

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

Sample Preparation

2432832 WWTP Permit Renewal

Received: 07/30/2025

07/30/2025

Prepared: 07/30/2025 17:01:38 — *Calculated* 07/30/2025 17:01:38 CAL

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2432832 **WWTP Permit Renewal** Received: 07/30/2025

07/30/2025

		Prepared:		07/30/2025	17:01:38	Calculated		07/30/2025	17:01:38	CAL
z	**Enviro Fee (per Sampling Group)**	**Verified**								
	EPA 1664B (HEM)	Prepared:	1188351	08/01/2025	07:10:00	Analyzed	1188351	08/01/2025	07:10:00	MAX
NELAC	**O&G HEM Started**	**Started**								
	EPA 200.2 2.8	Prepared:	1188169	07/31/2025	12:00:00	Analyzed	1188169	07/31/2025	12:00:00	AMC
z	**Liquid Metals Digestion**	**50/50**	**ml**							05
	EPA 350.1, Rev. 2.0	Prepared:	1188115	07/31/2025	11:24:43	Analyzed	1188115	07/31/2025	11:24:43	MEG
NELAC	**Ammonia Distillation**	**6/6**	**ml**							06
	EPA 351.2, Rev 2.0	Prepared:	1188298	08/01/2025	06:59:58	Analyzed	1188298	08/01/2025	06:59:58	AMB
NELAC	**TKN Block Digestion**	**20/20**	**ml**							06
	SM 2540 C-2015	Prepared:	1188595	08/04/2025	08:50:00	Analyzed	1188595	08/04/2025	08:50:00	JMB
NELAC	**Total Dissolved Solids Started**	**Started**								
	SM 2540 D-2011	Prepared:	1187356	07/31/2025	06:21:00	Analyzed	1187356	07/31/2025	06:21:00	LSM
NELAC	**TSS Set Started**	**Started**								

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2432832 **WWTP Permit Renewal** Received: 07/30/2025

07/30/2025

SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1187994*	*07/31/2025*		*Analyzed*	*1187994*	*07/31/2025*	*06:49:02*	*ESN*
NELAC **BODc Set Started**	**Started**								
SM 9223 B (Colilert-18 QT)-2016	*Prepared:*	*1188121*	*07/30/2025*	*16:46:00*	*Analyzed*	*1188121*	*07/30/2025*	*16:46:00*	*MDM*
NELAC **MPN (Colilert-18) Start Non-Pot**	**STARTED**								07

2432833 **Sewage Effluent Wastewater** Received: 07/30/2025

07/30/2025

EPA 350.1, Rev. 2.0	*Prepared:*	*1188115*	*07/31/2025*	*11:24:43*	*Analyzed*	*1188115*	*07/31/2025*	*11:24:43*	*MEG*
NELAC **Ammonia Distillation**	**6/6**	**ml**							02
SM 2540 D-2011	*Prepared:*	*1187356*	*07/31/2025*	*06:21:00*	*Analyzed*	*1187356*	*07/31/2025*	*06:21:00*	*LSM*
NELAC **TSS Set Started**	**Started**								
SM 5210 B-2016 (TCMP Inhibitor)	*Prepared:*	*1187994*	*07/31/2025*		*Analyzed*	*1187994*	*07/31/2025*	*06:49:02*	*ESN*
NELAC **BODc Set Started**	**Started**								

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Printed: 08/08/2025

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

QUALITY CONTROL

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Analytical Set 1188122 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, Total Coliform, Non-Pot	1188122	<1.0	1.00	1.00	MPN/100mL	127900697

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, Total Coliform, Non-Pot	2432832	Duplicate	3.1	11.0	MPN/100mL	0.550	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1188121	<1.0	<1.0	MPN/100m		-	127900694
Standard E. coli	1188121	>2419.6	>2419.6	MPN/100m		-	127900696
Standard K.varicola	1188121	>2419.6	>2419.6	MPN/100m		-	127900695

Analytical Set 1188123 — SM 9223 B (Colilert-18 QT)-2016

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
MPN, E.coli, Col.-18 - Non-Pot	1188123	<1.0	1.00	1.00	MPN/100mL	127900707

Micro Dup

Parameter	Sample	Type	Result	Unknown	Unit	Range	Criterion
MPN, E.coli, Col.-18 - Non-Pot	2432832	Duplicate	<1.0	1.0	MPN/100mL	0	0.7825

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	File
P. aeruginosa	1188121	<1.0	<1.0	MPN/100m		-	127900704
Standard E. coli	1188121	>2419.6	>2419.6	MPN/100m		-	127900706
Standard K.varicola	1188121	<1.0	<1.0	MPN/100m		-	127900705

Analytical Set 1187994 — SM 5210 B-2016 (TCMP Inhibitor)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1187994	0.2	0.200	0.500	mg/L	127897102
BOD Carbonaceous	1187994	0.2	0.200	0.500	mg/L	127899393

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
BOD Carbonaceous	2432566	118	120	mg/L	1.68	30.0
BOD Carbonaceous	2432704	3.59	4.11	mg/L	13.5	30.0
BOD Carbonaceous	2432881	34.3	30.5	mg/L	11.7	30.0
BOD Carbonaceous	2433103	11.7	9.21	mg/L	23.8	30.0

Seed Drop

Parameter	PrepSet	Reading	MDL	MQL	Units	File
BOD Carbonaceous	1187994	0.283	0.200	0.500	mg/L	127897104
BOD Carbonaceous	1187994	0.407	0.200	0.500	mg/L	127899395

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Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
BOD Carbonaceous		224	198	mg/L	113	83.7 - 116	127897105
BOD Carbonaceous		212	198	mg/L	107	83.7 - 116	127899396

Analytical Set 1188428 — EPA 351.2 2

AWRL/LOQ C

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Kjeldahl Nitrogen	0.186	0.200	mg/L	93.0	75.0 - 125	127907837

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Kjeldahl Nitrogen	1188298	ND	0.00712	0.050	mg/L	127907855

CCB

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Kjeldahl Nitrogen	1188298	ND	0.00712	0.050	mg/L	127907856
Total Kjeldahl Nitrogen	1188298	ND	0.00712	0.050	mg/L	127907868
Total Kjeldahl Nitrogen	1188298	ND	0.00712	0.050	mg/L	127907879
Total Kjeldahl Nitrogen	1188428	ND	0.00712	0.050	mg/L	127907890

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Kjeldahl Nitrogen	5.48	5.00	mg/L	110	90.0 - 110	127907832
Total Kjeldahl Nitrogen	5.50	5.00	mg/L	110	90.0 - 110	127907842
Total Kjeldahl Nitrogen	5.45	5.00	mg/L	109	90.0 - 110	127907852
Total Kjeldahl Nitrogen	5.39	5.00	mg/L	108	90.0 - 110	127907863
Total Kjeldahl Nitrogen	5.46	5.00	mg/L	109	90.0 - 110	127907874
Total Kjeldahl Nitrogen	5.44	5.00	mg/L	109	90.0 - 110	127907884
Total Kjeldahl Nitrogen	5.47	5.00	mg/L	109	90.0 - 110	127907891

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*		*Limit%*
Total Kjeldahl Nitrogen	2432695	0.264	0.270	mg/L	2.25		20.0
Total Kjeldahl Nitrogen	2432696	0.430	0.204	mg/L	71.3	*	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Kjeldahl Nitrogen	5.27	5.00	mg/L	105	90.0 - 110	127907831

LCS Dup

Parameter	*PrepSet*	*LCS*	*LCSD*	*Known*	*Limits%*	*LCS%*	*LCSD%*	*Units*	*RPD*	*Limit%*
Total Kjeldahl Nitrogen	1188298	4.91	5.14	5.00	90.0 - 110	98.2	103	mg/L	4.58	20.0

Mat. Spike

Parameter	*Sample*	*Spike*	*Unknown*	*Known*	*Units*	*Recovery %*	*Limits %*	*File*
Total Kjeldahl Nitrogen	2432695	5.09	0.270	5.00	mg/L	96.4	80.0 - 120	127907861
Total Kjeldahl Nitrogen	2432696	5.70	0.204	5.00	mg/L	110	80.0 - 120	127907865

Analytical Set 1188838 — EPA 350.1 2

Email: Kilgore.ProjectManagement@spllabs.com

QUALITY CONTROL

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Mitzi Francis
Water & Sewer Dept.
P. O. Box 301
Queen City, TX 75572

Project
1156601

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Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Ammonia Nitrogen	1188115	ND	0.00336	0.020	mg/L	127918482

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	127918450
Ammonia Nitrogen	2.08	2.00	mg/L	104	90.0 - 110	127918460
Ammonia Nitrogen	1.98	2.00	mg/L	99.0	90.0 - 110	127918469
Ammonia Nitrogen	2.02	2.00	mg/L	101	90.0 - 110	127918480
Ammonia Nitrogen	2.05	2.00	mg/L	102	90.0 - 110	127918491
Ammonia Nitrogen	2.04	2.00	mg/L	102	90.0 - 110	127918501
Ammonia Nitrogen	1.98	2.00	mg/L	99.0	90.0 - 110	127918508
Ammonia Nitrogen	1.96	2.00	mg/L	98.0	90.0 - 110	127918517
Ammonia Nitrogen	1.93	2.00	mg/L	96.5	90.0 - 110	127918527
Ammonia Nitrogen	1.91	2.00	mg/L	95.5	90.0 - 110	127918533
Ammonia Nitrogen	1.89	2.00	mg/L	94.5	90.0 - 110	127918542
Ammonia Nitrogen	2.18	2.00	mg/L	109	90.0 - 110	127918552
Ammonia Nitrogen	2.16	2.00	mg/L	108	90.0 - 110	127918558

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*		*Limit%*
Ammonia Nitrogen	2432773	0.173	0.163	mg/L	5.95		20.0
Ammonia Nitrogen	2432829	0.056	0.078	mg/L	32.8	*	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Ammonia Nitrogen	2.09	2.00	mg/L	104	90.0 - 110	127918449

LCS Dup

Parameter	*PrepSet*	*LCS*	*LCSD*	*Known*	*Limits%*	*LCS%*	*LCSD%*	*Units*	*RPD*	*Limit%*
Ammonia Nitrogen	1188115	1.98	1.96	2.00	90.0 - 110	99.0	98.0	mg/L	1.02	20.0

Mat. Spike

Parameter	*Sample*	*Spike*	*Unknown*	*Known*	*Units*	*Recovery %*	*Limits %*	*File*
Ammonia Nitrogen	2432773	2.20	0.163	2.00	mg/L	102	80.0 - 120	127918488
Ammonia Nitrogen	2432829	2.06	0.078	2.00	mg/L	99.1	80.0 - 120	127918492

Analytical Set 1187969 — SM 4500-Cl G-2011

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	2432832	0.190	0.270	mg/L	34.8	20

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1187969	0.200	0.210	mg/L	95.2	90 - 110	
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1187969	1.53	1.55	mg/L	98.7	90 - 110	

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Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	1187969	2.65	2.67	mg/L	99.3	90 - 110	

Analytical Set 1187970 — SM 4500-O G-2016

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Dissolved Oxygen Onsite	2432832	7.8	7.5	mg/L	3.9	20
Dissolved Oxygen Onsite	2432833	7.8	7.5	mg/L	3.9	20

Analytical Set 1187971 — SM 4500-H+ B-2011

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
pH (Onsite)	6.0	6.0	SU	100	90 - 110	
pH (Onsite)	6.0	6.0	SU	100	90 - 110	

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
pH (Onsite)	2432832	7.4	7.4	SU		20

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
pH (Onsite)	1187971	8.0	8.0	SU	100	90 - 110	
pH (Onsite)	1187971	8.0	8.0	SU	100	90 - 110	

Analytical Set 1188300 — SM 2540 D-2020

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Suspended Solids	1188300	ND	2	2	mg/L	127903740

ControlBlk

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Suspended Solids	1188300	0			grams	127903739

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Suspended Solids	2432651	91.3	93.3	mg/L	2.17	20.0
Total Suspended Solids	2432714	5200	5390	mg/L	3.59	20.0
Total Suspended Solids	2432827	85.3	93.3	mg/L	8.96	20.0

LCS

Parameter	*PrepSet*	*Reading*	*Known*	*Units*	*Recover%*	*Limits*	*File*
Total Suspended Solids	1188300	50.0	50.0	mg/L	100	90.0 - 110	127903773

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Suspended Solids		100	100	mg/L	100	90.0 - 110	127903772

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Analytical Set 1188476 — EPA 1664B (HEM)

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1188476	ND	0.804	4.00	mg/L	127909038

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Oil and Grease (HEM)	1188476	0.0003			grams	127909037
Oil and Grease (HEM)	1188476	0			grams	127909062

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Oil and Grease (HEM)	1188476	34.3	40.0	mg/L	85.8	78.0 - 114	127909039

MS

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Oil and Grease (HEM)	2432316	40.9	0	1.38	40.0	78.0 - 114	102		mg/L		20.0

Analytical Set 1189060 — SM 2540 C-2020

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1189060	ND	5.00	5.00	mg/L	127922557

ControlBlk

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Total Dissolved Solids	1189060	-0.0002			grams	127922544

Duplicate

Parameter	Sample	Result	Unknown	Unit	RPD	Limit%
Total Dissolved Solids	2432722	98.0	96.0	mg/L	2.06	20.0

LCS

Parameter	PrepSet	Reading	Known	Units	Recover%	Limits	File
Total Dissolved Solids	1189060	196	200	mg/L	98.0	85.0 - 115	127922545

Analytical Set 1188447 — EPA 300.0 2.1

AWRL/LOQ C

Parameter	Reading	Known	Units	Recover%	Limits%	File
Nitrate-Nitrogen Total	0.0225	0.0226	mg/L	99.6	70.0 - 130	127908281

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1188447	0.053	0.0213	0.300	mg/L	127908282
Nitrate-Nitrogen Total	1188447	ND	0.00655	0.0226	mg/L	127908282
Sulfate	1188447	ND	0.283	0.300	mg/L	127908282

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1188447	0.051	0.0213	0.300	mg/L	127908278

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CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Chloride	1188447	0.0547	0.0213	0.300	mg/L	127908298
Chloride	1188447	0.0528	0.0213	0.300	mg/L	127908310
Nitrate-Nitrogen Total	1188447	0.00153	0.00655	0.0226	mg/L	127908278
Nitrate-Nitrogen Total	1188447	0.00251	0.00655	0.0226	mg/L	127908298
Nitrate-Nitrogen Total	1188447	0.00255	0.00655	0.0226	mg/L	127908310
Sulfate	1188447	0	0.283	0.300	mg/L	127908278
Sulfate	1188447	0	0.283	0.300	mg/L	127908298
Sulfate	1188447	0	0.283	0.300	mg/L	127908310

CCV

Parameter	Reading	Known	Units	Recover%	Limits%	File
Chloride	10.2	10.0	mg/L	102	90.0 - 110	127908277
Chloride	10.2	10.0	mg/L	102	90.0 - 110	127908297
Chloride	10.2	10.0	mg/L	102	90.0 - 110	127908309
Nitrate-Nitrogen Total	2.28	2.26	mg/L	101	90.0 - 110	127908277
Nitrate-Nitrogen Total	2.27	2.26	mg/L	100	90.0 - 110	127908297
Nitrate-Nitrogen Total	2.28	2.26	mg/L	101	90.0 - 110	127908309
Sulfate	9.62	10.0	mg/L	96.2	90.0 - 110	127908277
Sulfate	9.61	10.0	mg/L	96.1	90.0 - 110	127908297
Sulfate	9.61	10.0	mg/L	96.1	90.0 - 110	127908309

LCS Dup

Parameter	PrepSet	LCS	LCSD	Known	Limits%	LCS%	LCSD%	Units	RPD	Limit%
Chloride	1188447	5.11	5.11	5.00	85.0 - 115	102	102	mg/L	0	20.0
Nitrate-Nitrogen Total	1188447	1.20	1.19	1.13	86.3 - 117	106	105	mg/L	0.837	20.0
Sulfate	1188447	4.58	4.60	5.00	85.4 - 124	91.6	92.0	mg/L	0.436	20.0

MSD

Parameter	Sample	MS	MSD	UNK	Known	Limits	MS%	MSD%	Units	RPD	Limit%
Chloride	2431888	359	339	205	200	80.0 - 120	77.0 *	67.0 *	mg/L	13.9	20.0
Nitrate-Nitrogen Total	2431888	44.5	46.1	0.0451	45.2	80.0 - 120	98.4	102	mg/L	3.54	20.0
Sulfate	2431888	2150	2150	2730	200	80.0 - 120	-290 *	-290 *	mg/L	0	20.0
Chloride	2431889	352	353	193	200	80.0 - 120	79.5 *	80.0	mg/L	0.627	20.0
Nitrate-Nitrogen Total	2431889	46.6	47.1	ND	45.2	80.0 - 120	103	104	mg/L	1.07	20.0
Sulfate	2431889	2270	2250	2550	200	80.0 - 120	-140 *	-150 *	mg/L	0.885	20.0

Analytical Set 1188360 EPA 200.7 4.4

Blank

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1188169	ND	0.0353	0.040	mg/L	127906775

CCB

Parameter	PrepSet	Reading	MDL	MQL	Units	File
Phosphorus	1188169	ND	0.0353	0.040	mg/L	127906772
Phosphorus	1188169	ND	0.0353	0.040	mg/L	127906774
Phosphorus	1188360	ND	0.0353	0.040	mg/L	127906782

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CCB

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*		*File*
Phosphorus	1188360	ND	0.0353	0.040	mg/L		127906784

CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Phosphorus	0.999	1.00	mg/L	99.9	90.0 - 110	127906773
Phosphorus	1.00	1.00	mg/L	100	90.0 - 110	127906783

ICL

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Phosphorus	24.8	25.0	mg/L	99.2	95.0 - 105	127906770

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Phosphorus	1.03	1.00	mg/L	103	90.0 - 110	127906771

LCS Dup

Parameter	*PrepSet*	*LCS*	*LCSD*	*Known*	*Limits%*	*LCS%*	*LCSD%*	*Units*	*RPD*	*Limit%*
Phosphorus	1188169	4.04	4.06	4.00	85.0 - 115	101	102	mg/L	0.494	25.0

MSD

Parameter	*Sample*	*MS*	*MSD*	*UNK*	*Known*	*Limits*	*MS%*	*MSD%*	*Units*	*RPD*	*Limit%*
Phosphorus	2432791	4.24	4.19	0.222	4.00	75.0 - 125	100	99.2	mg/L	1.25	25.0

Analytical Set 1188877 — SM 2510 B-2011

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Lab Spec. Conductance at 25 C	1188877	0.491			umhos/cm	127919266

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Lab Spec. Conductance at 25 C	2432644	53.4	53.6	umhos/cm	0.374	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Lab Spec. Conductance at 25 C	13000	12900	umhos/cm	101	90.0 - 110	127919269

Standard

Parameter	*Sample*	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Lab Spec. Conductance at 25 C	1188877	1420	1410	umhos/cm	101	90.0 - 110	127919267
Lab Spec. Conductance at 25 C	1188877	102	100	umhos/cm	102	90.0 - 110	127919268
Lab Spec. Conductance at 25 C	1188877	1430	1410	umhos/cm	101	90.0 - 110	127919279

Analytical Set 1189471 — SM 2320 B-2011

Blank

Parameter	*PrepSet*	*Reading*	*MDL*	*MQL*	*Units*	*File*
Total Alkalinity (as CaCO3)	1189471	ND	1.00	1.00	mg/L	127930694

QUALITY CONTROL

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CCV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Alkalinity (as CaCO3)	27.0	25.0	mg/L	108	90.0 - 110	127930693
Total Alkalinity (as CaCO3)	27.0	25.0	mg/L	108	90.0 - 110	127930707
Total Alkalinity (as CaCO3)	24.0	25.0	mg/L	96.0	90.0 - 110	127930720

Duplicate

Parameter	*Sample*	*Result*	*Unknown*	*Unit*	*RPD*	*Limit%*
Total Alkalinity (as CaCO3)	2432616	109	111	mg/L	1.82	20.0
Total Alkalinity (as CaCO3)	2433179	152	147	mg/L	3.34	20.0

ICV

Parameter	*Reading*	*Known*	*Units*	*Recover%*	*Limits%*	*File*
Total Alkalinity (as CaCO3)	25.0	25.0	mg/L	100	90.0 - 110	127930692

Mat. Spike

Parameter	*Sample*	*Spike*	*Unknown*	*Known*	*Units*	*Recovery %*	*Limits %*	*File*
Total Alkalinity (as CaCO3)	2432616	133	111	25.0	mg/L	88.0	70.0 - 130	127930697
Total Alkalinity (as CaCO3)	2433179	167	147	25.0	mg/L	80.0	70.0 - 130	127930710

* Out RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100% Recover% is Recovery Percent: result / known * 100%

CCV - Continuing Calibration Verification (same standard used to prepare the curve; typically a mid-range concentration; verifies the continued validity of the calibration curve); 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); 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.); CCB - Continuing Calibration Blank; 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.); AWRL/LOQ C - Ambient Water Reporting Limit/LOQ Check Std; 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.)

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CHAIN OF CUSTODY

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City of Queen City
Mitzi Francis
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114

Lab Number 24137832
PO Number
Phone 903/796-7986

WWTP Permit Renewal

Hold Delivered by Client to Region 4 LAB

Matrix: Non-Potable Water

Sample Collection Start
Date: 7-30-25 Time: 0933
Sampler Printed Name: J. Johnson
Sampler Affiliation: SPL
Sampler Signature:

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

0 On Site Testing

Cl2O	Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]	SM 4500-Cl G-2011	

Cl2 Res.,Total(Onsite)Spec Mid [RL 0.05 mg/L]

Collected By HJ Date 7-30-25 Time 0950 Analyzed By HJ Date 7-30-25 Time 0953

Results 0.27 Units mg/L Temp. — C Duplicate 0.19 Units mg/L Temp. — C

R1 2.10 R2 1.83 QC R1 1.88 QC R2 1.69

Short Hold	DO	Dissolved Oxygen Onsite	SM 4500-O G-2016 (0.0104 days)	

Dissolved Oxygen Onsite

Collected By HJ Date 7-30-25 Time 0946 Analyzed By HJ Date 7-30-25 Time 0949

Results 7.54 Units mg/L Temp. 31.4 C Duplicate 7.77 Units mg/L Temp. 29.9 C

Short Hold	pH	pH (Onsite)	SM 4500-H+ B-2011 (0.0104 days)	

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pH (Onsite)

Collected By HJJ Date 7-30-25 Time 0946 Analyzed By HJJ Date 7-30-25 Time 0947

Results 7.35 Units SU Temp. 29.3 C Duplicate 7.40 Units SU Temp. 29.3 C

	1	**Na2S2O3 (0.008%) Polystyrene-100 mL Sterilized, I**		
MAC	**Short Hold**	MPNW	MPN, E.coli, Col.-18 - Non-Pot	SM 9223 B (Colilert-18 QT)-2016 (0.333 days)
	2	**H2SO4 to pH <2 GlQt w/Tef-lined lid, Q**		
MAC		HEM	Oil and Grease (HEM)	EPA 1664B (HEM) (28.0 days)
	1	**Polyethylene 1/2 gal (White), Q**		
MAC	**Short Hold**	BODc	BOD Carbonaceous	SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)
MAC		TSS	Total Suspended Solids	SM 2540 D-2020 (7.00 days)
	1	**HNO3 to pH <2 Polyethylene 500 mL for Metals, Q**		
MAC		*PI	Phosphorus	EPA 200.7 4.4 CAS:7723-14-0 (28.0 days)
		301L	Liquid Metals Digestion	EPA 200.2 2.8 (180 days)
	1	**H2SO4 to pH <2 250 ml Polyethylene, Q**		
MAC		NHaN	Ammonia Nitrogen	EPA 350.1 2 (28.0 days)
MAC		TKN	Total Kjeldahl Nitrogen	EPA 351.2 2 CAS:7727-37-9 (28.0 days)
	1	**Polyethylene Quart, Q**		
MAC		!Cll.	Chloride	EPA 300.0 2.1 (28.0 days)
MAC	**Short Hold**	IN3L	Nitrate-Nitrogen Total	EPA 300.0 2.1 CAS:14797-55-8 (2.00 days)
MAC		IS4L	Sulfate	EPA 300.0 2.1 (28.0 days)
MAC		AfkT	Total Alkalinity (as CaCO3)	SM 2320 B-2011 (14.0 days)
MAC		CONL	Lab Spec. Conductance at 25 C	SM 2510 B-2011 (28.0 days)

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SPL

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City of Queen City
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TDS Total Dissolved Solids SM 2540 C-2020 (7.00 days)

Ambient Conditions/Comments

Date	Time	Relinquished		Received	
7-30-25	1537	Printed Name: J. Johnson	Affiliation: SPL	Printed Name: McCabe Wheeler - SPL, Inc.	Affiliation
		Signature		Signature	
		Printed Name	Affiliation	Printed Name	Affiliation
		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 ... column designates accreditation by ... or ... not listed under scope of accreditation. Unless otherwise specified, SPL shall provide the ordered services pursuant to the Standard Terms & Conditions Agreement. SPL personnel collect samples as specified by SPL SOP ...

Comments

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Lab Number 24132833

City of Queen City
Mitzi Francis
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Queen City, TX 75572

QUE1-A
SE2

PO Number

Phone 903-796-7986

Sewage Effluent Wastewater

☐ *Hand Delivered To Client in Region of LAB*

TX0034797
Matrix: Non-Potable Water

Sample Collection Start
Date: 7-30-25 Time: 0937
Sampler Printed Name: J. Johnson
Sampler Affiliation: SPL
Sampler Signature:

Samples Radioactive? ☐ Samples Contains Dioxin? ☐ Samples Biological Hazard? ☐

0 On Site Testing

NT 15 Short Hold DO Dissolved Oxygen Onsite SM 4500-O G-2016 (0.0104 days)

Dissolved Oxygen Onsite

Collected By HJ Date 7-30-25 Time ~~0950~~ HJ 0946 7-30-25 Analyzed By HJ Date 7-30-25 Time 0949

Results 7.54 Units mg/L Temp. 31.4 C Duplicate 7.77 Units mg/L Temp 29.9 C

Flot Flow, Client Supplied

Flow, Client Supplied

Collected By HJ Date 7-30-25 Time 0951 Analyzed By HJ Date 7-30-25 Time 0952

Results 0.10 Units mgd Duplicate — Units —

---

1 Polyethylene 1/2 gal (White), Q

NT 15 Short Hold BODc BOD Carbonaceous SM 5210 B-2016 (TCMP Inhibitor) (2.04 days)

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

CHAIN OF CUSTODY

Printed 07/22/2025 Page 2 of 2

City of Queen City
Mitzi Francis
Water & Sewer Dept.
P. O. Box 301
Queen City, TX 75572

QUE1-A
SE2

	TSS	Total Suspended Solids	SM 2540 D-2020 (7.00 days)

0 Z -- No bottle required

	PuCh	Sampling/Transport/Repacking	

1 H2SO4 to pH <2 250 ml Polyethylene, Q

	NHaN	Ammonia Nitrogen	EPA 350.1 2 (28.0 days)

Ambient Conditions/Comments

Date	Time	Relinquished	Received
7-23-25	1537	Printed Name: J Johnson Affiliation: SPL / Signature: [signature]	Printed Name: McCabe Wheeler - SPL, Inc. Affiliation / Signature: MC
		Printed Name Affiliation / Signature	Printed Name Affiliation / Signature
		Printed Name Affiliation / Signature	Printed Name Affiliation / Signature
		Printed Name Affiliation / Signature	Printed Name Affiliation / Signature

Sample Received on Ice? ☒ Yes ☐ No
Cooler Sample Secure? ☒ Yes ☐ No   If Shipped, Tracking Number & Temp - See Attached

[illegible]

Comments

COOLER CHECKIN

Region/Driver/Client	HJT
Date / Time:	7/30/25 1537
Cooler:	of
Shipping Company:	SPL

Temp Label:

7/30/25 1537 MMV
Date Time Tech
Temp: 3.9/3.7 C
Therm#: 6205 Corr Fact: -0.2 C

Erwin Madrid

From: Erwin Madrid
Sent: Tuesday, October 28, 2025 11:26 AM
To: 'jwhittington@alfranksengineering.com'
Cc: Francesca Findlay
Subject: Application for Permit No. WQ0011225001 – Notice of Deficiency 30-Day Will Return Letter
Attachments: WQ0011225001_Will Return Ltr.pdf

Importance: High

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on **October 28, 2025,** requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by **November 27, 2025.**

Regards,

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

Francesca Findlay

From: Francesca Findlay
Sent: Monday, November 3, 2025 9:46 AM
To: jwhittington@alfranksengineering.com
Subject: RE: WQ0011225001: City of Queen City
Attachments: wq0011225001-nod1.pdf

Good morning,

Per our conversation, I have attached the nod that was sent on September 24, 2025. Please review and let me know if you have any questions.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

From: Francesca Findlay
Sent: Wednesday, September 24, 2025 5:04 PM
To: 'jwhittington@alfranksengineering.com' <jwhittington@alfranksengineering.com>
Subject: FW: WQ0011225001: City of Queen City

Dear Mr. Whittington:

The attached Notice of Deficiency letter sent on September 24, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention October 9, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

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

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

Francesca Findlay

From: Francesca Findlay
Sent: Friday, October 31, 2025 8:25 AM
To: 'James Whittington'
Cc: Erwin Madrid
Subject: RE: Application for Permit No. WQ0011225001 – Notice of Deficiency 30-Day Will Return Letter

Good morning,

I am reviewing your application, and I do not see any responses from you. Could you please forward those to me. We do need a paper copy of the application to be sent.
I am looking at my emails and I did receive responses from you on October 7, 2025 for a different application WQ0010507001 City of Hooks.
Please let me know if you have any questions.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

From: James Whittington <jwhittington@alfranksengineering.com>
Sent: Friday, October 31, 2025 7:29 AM
To: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Cc: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Subject: Re: Application for Permit No. WQ0011225001 – Notice of Deficiency 30-Day Will Return Letter

I left you a phone message yesterday, but I wanted to follow up just for clarification. I went back and reviewed the NOD letter I received from Ms Findlay on September 29th. We were requested to submit our response via email, which we did the same day. I emailed back and forth with Ms Findlay on October 7th when she acknowledged receiving our response but not yet reviewing it.

I am unsure of exactly what additional information you are requesting in the follow up NOD letter we received on Oct 28. Could you please specify exactly what you are requesting this time? Would you prefer we just resubmit the entire application?

Thanks,

JW

From: Erwin Madrid <Erwin.Madrid@tceq.texas.gov>
Sent: Tuesday, October 28, 2025 11:25 AM
To: James Whittington <jwhittington@alfranksengineering.com>
Cc: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Subject: Application for Permit No. WQ0011225001 – Notice of Deficiency 30-Day Will Return Letter

Dear applicant,

The attached Notice of Deficiency 30-Day Will Return Letter was mailed on **October 28, 2025,** requesting additional information needed to declare the application administratively complete. Please mail an original and two copies (with a cover letter) of the complete response by **November 27, 2025.**

Regards,

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

Francesca Findlay

From: Amanda Wiley <amanda.wiley@qcpdtx.org>
Sent: Tuesday, November 4, 2025 7:38 AM
To: Francesca Findlay
Subject: RE: Permit no. WQ0011225001- City of Queen City

Do we need to do anything else right now?

From: Amanda Wiley
Sent: Monday, November 3, 2025 9:52 AM
To: 'francesca.findlay@tceq.texas.gov' <francesca.findlay@tceq.texas.gov>
Cc: Jason Haley <jhaley@alfranksengineering.com>
Subject: Permit no. WQ0011225001- City of Queen City

I think this didn't get back to you . Everything looks correct.

Amanda Wiley, TRMC
City Secretary/
Economic Development Administrator
City of Queen City
601 Loop 236, PO Box 301
Queen City, Tx 75572
903-796-7986 EX. 4
amanda.wiley@qcpdtx.org

Francesca Findlay

From: James Whittington <jwhittington@alfranksengineering.com>
Sent: Tuesday, November 4, 2025 7:19 AM
To: Francesca Findlay
Cc: Amanda Wiley
Subject: Re: WQ0011225001: City of Queen City
Attachments: wq0011225001-nod1.pdf

OK, so you are calling the NORI confirmation letter an NOD, I understand now.

All of the information indicated in the letter is correct. I will get a hard copy response letter out to that effect.

Thanks,

JW

From: Francesca Findlay <Francesca.Findlay@tceq.texas.gov>
Sent: Monday, November 3, 2025 9:46 AM
To: James Whittington <jwhittington@alfranksengineering.com>
Subject: RE: WQ0011225001: City of Queen City

Good morning,

Per our conversation, I have attached the nod that was sent on September 24, 2025. Please review and let me know if you have any questions.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

From: Francesca Findlay
Sent: Wednesday, September 24, 2025 5:04 PM
To: 'jwhittington@alfranksengineering.com' <jwhittington@alfranksengineering.com>
Subject: FW: WQ0011225001: City of Queen City

Dear Mr. Whittington:

The attached Notice of Deficiency letter sent on September 24, 2025, requesting additional information needed to declare the application administratively complete. Please send the complete response to my attention October 9, 2025.

Thank you,

Francesca Findlay
License & Permit Specialist
ARP Team | Water Quality Division
512-239-2441
Texas Commission on Environmental Quality

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

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

A.L. FRANKS ENGINEERING

118 East Broad Street
Texarkana, AR 71854
PHONE 870.216.1906 • FAX 870.216.1907

November 4, 2025

Francesca Findlay
License & Permit Specialist
Water Supply Division
TCEQ
P.O. Box 13087
Austin, Texas 78711-3087

RE: Permit Renewal Application
City of Queen City, TX – RN101918910
Permit - WQ0011225001
NORI Data Confirmation Response

Dear Ms. Findlay:

On behalf of the City of Queen City, we received your comment letter dated September 24, 2025 regarding the confirmation of the permit submittal data prior to NORI publication.

The previous review comments are listed below and our response is included for each.

1. The following is a portion of the NORI which contains information relevant to your application. Please read it carefully and indicate if it contains any errors or omissions. The complete notice will be sent to you once the application is declared administratively complete.

Response: *We have reviewed the data summary included in the September 24, 2025 letter from your office and have concluded that it is accurate and is ready for publication as is.*

If you have any questions or require additional information, please call (870-216-1906) or email me at jwhittington@alfranksengineering.com.

Sincerely,

A.L. FRANKS ENGINEERING

James Whittington, P.G.
Project Manager