



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

Summary of Application in Plain Language for TPDES or TLAP Permit Applications

Permit No. - WQ0011252001
CN - 600630479
RN - 101702256

Red River Authority of Texas - Estelline Plant

Red River Authority of Texas (CN600630479) operates Estelline Plant (RN101702256), a Wastewater Treatment Facility. The facility is located at approximately 0.7 miles east of the intersection of SH 86 and US Highway 287, in Estelline, Hall County, Texas 79233. This application is for renewal to discharge at a daily average flow not to exceed 0.0125 million gallons per day of treated domestic wastewater via discharge pipe. Discharge from the facility are expected to contain carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), ammonia nitrogen (NH-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent Worksheet 4.0 in the permit application package. Domestic wastewater is treated by a bar screen, thence a grit chamber, thence to an Imhoff Tank, thence to an aeration pond, thence to a chlorination chamber, thence to discharge piping. Solids in the Imhoff Tank can be transferred to a drying bed.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



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

PERMIT NO. WQ0011252001

APPLICATION. Red River Authority of Texas, P.O. Box 240, Wichita Falls, Texas 76307, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011252001 (EPA I.D. No. TX0075591) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 12,500 gallons per day. The domestic wastewater treatment facility is located approximately 0.7 mile east of the intersection of State Highway 86 and U.S. Highway 287, near the city of Estelline, in Hall County, Texas 79233. The discharge route is from the plant site to a drainage ditch, thence to Mountain Creek, thence to Lower Prairie Dog Town Fork Red River. TCEQ received this application on May 5, 2025. The permit application will be available for viewing and copying at Estelline City Hall, Foyer, 507 Burnett Street, Estelline, in Hall County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-100.426944,34.545&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 Red River Authority of Texas at the address stated above or by calling Mr. Fabian Heaney, General Manager, at 940-723-8697.

Issuance Date: May 19, 2025



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

DOMESTIC WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the application.

APPLICANT NAME: Red River Authority of Texas

PERMIT NUMBER (If new, leave blank): WQ0011252001

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

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

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

**DOMESTIC WASTEWATER PERMIT APPLICATION
ADMINISTRATIVE REPORT 1.0**

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

Section 1. Application Fees (Instructions Page 26)

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

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

Minor Amendment (for any flow) \$150.00 ☐

Payment Information:

Mailed Check/Money Order Number: 123386
Check/Money Order Amount: \$315.00
Name Printed on Check: Red River Authority of Texas

EPAY Voucher Number: Click to enter text.

Copy of Payment Voucher enclosed? Yes ☐

Section 2. Type of Application (Instructions Page 26)

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

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

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

- ☒ Active ☐ Inactive

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

- ☒ TPDES Permit
☐ TLAP
☐ TPDES Permit with TLAP component
☐ Subsurface Area Drip Dispersal System (SADDS)

d. Check the box next to the appropriate application type

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

e. For amendments or modifications, describe the proposed changes: [Click to enter text.](#)

f. **For existing permits:**

Permit Number: WQ00 11252001

EPA I.D. (TPDES only): TX 0075591

Expiration Date: 01/22/2026

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

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

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

Red River Authority of Texas

(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: 600630479

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: Heaney, Fabian

Title: General Manager

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

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

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

[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: Mr.

Last Name, First Name: Heaney, Fabian

Title: General Manager

Credential: Click to enter text.

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

C. Core Data Form

Complete the Core Data Form for each customer and include as an attachment. If the customer type selected on the Core Data Form is **Individual**, complete **Attachment 1** of Administrative Report 1.0. **See Attachment No. 1**

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: Heaney, Fabian

Title: General Manager

Credential: Click to enter text.

Organization Name: Red River Authority of Texas

Mailing Address: PO Box 240

City, State, Zip Code: Wichita Falls, Texas 76307

Phone No.: 940-723-8697

E-mail Address: fabian.heaney@rra.texas.gov

Check one or both: ☒ Administrative Contact ☐ Technical Contact

B. Prefix: Mr.

Last Name, First Name: Maroney, Kerry

Title: Professional Engineer

Credential: P.E.

Organization Name: Biggs and Mathews, Inc.

Mailing Address: 2500 Brook Avenue

City, State, Zip Code: Wichita Falls, Texas 76301

Phone No.: 940-766-0156

E-mail Address: kdm@bmiwf.com

Check one or both: ☐ Administrative Contact ☒ Technical Contact

Section 5. Permit Contact Information (Instructions Page 27)

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

A. Prefix: Mr.

Last Name, First Name: Heaney, Fabian

Title: General Manager

Credential: Click to enter text.

Organization Name: Red River Authority of Texas

Mailing Address: PO Box 240

City, State, Zip Code: Wichita Falls, Texas 76307

Phone No.: 940-723-8697

E-mail Address: fabian.heaney@rra.texas.gov

B. Prefix: Mr. Last Name, First Name: Maroney, Kerry
Title: Professional Engineer Credential: PE
Organization Name: Biggs and Mathews, Inc.
Mailing Address: 2500 Brook Avenue City, State, Zip Code: Wichita Falls, Texas 76301
Phone No.: 940-766-0156 E-mail Address: kdm@bmiwf.com

Section 6. Billing Contact Information (Instructions Page 27)

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

Prefix: Mr. Last Name, First Name: Heaney, Fabian
Title: General Manager Credential: Click to enter text.
Organization Name: Red River Authority of Texas
Mailing Address: PO Box 240 City, State, Zip Code: Wichita Falls, Texas 76307
Phone No.: 940-723-8697 E-mail Address: fabian.heaney@rra.texas.gov

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

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

Prefix: Mr. Last Name, First Name: Heaney, Fabian
Title: General Manager Credential: Click to enter text.
Organization Name: Red River Authority of Texas
Mailing Address: PO Box 240 City, State, Zip Code: Wichita Falls, Texas 76307
Phone No.: 940-723-8697 E-mail Address: fabian.heaney@rra.texas.gov

Section 8. Public Notice Information (Instructions Page 27)

A. Individual Publishing the Notices

Prefix: Mr. Last Name, First Name: Heaney, Fabian
Title: General Manager Credential: Click to enter text.
Organization Name: Red River Authority of Texas
Mailing Address: PO Box 240 City, State, Zip Code: Wichita Falls, Texas 76307
Phone No.: 940-723-8697 E-mail Address: fabian.heaney@rra.texas.gov

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: Mr.

Last Name, First Name: Heaney, Fabian

Title: General Manager

Credential: Click to enter text.

Organization Name: Red River Authority of Texas

Mailing Address: PO Box 240

City, State, Zip Code: Wichita Falls, Texas 76307

Phone No.: 940-723-8697

E-mail Address: fabian.heaney@rra.texas.gov

D. Public Viewing Information

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

Public building name: City Hall

Location within the building: Foyer

Physical Address of Building: 507 Burnett Street

City: Estelline

County: Hall

Contact (Last Name, First Name): Jones, Jeff

Phone No.: 806-888-1212 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: [See Attachment No. 2](#)

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 101702256

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):

Estelline Plant

C. Owner of treatment facility: Red River Authority of Texas

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

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

Prefix: Mr.

Last Name, First Name: Heaney, Fabian

Title: General Manager

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

Organization Name: Red River Authority of Texas

Mailing Address: PO Box 240

City, State, Zip Code: Wichita Falls, Texas 76307

Phone No.: 940-723-8697

E-mail Address: fabian.heaney@rra.texas.gov

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: Mr.

Last Name, First Name: Heaney, Fabian

Title: General Manager

Credential: Click to enter text.

Organization Name: Red River Authority of Texas

Mailing Address: PO Box 240

City, State, Zip Code: Wichita Falls, Texas 76307

Phone No.: 940-723-8697

E-mail Address: fabian.heaney@rra.texas.gov

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): Estelline

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

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 **See Attachment No. 3**
- 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: WQ0011252001

Applicant: Red River Authority of Texas

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): Fabian Heaney

Signatory title: General Manager

Signature: _____

(Use blue ink)

Date: _____

4-11-2025

Subscribed and Sworn to before me by the said _____

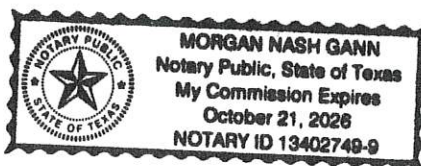
FABIAN HEANEY

on this 11th day of APRIL, 20 25.

My commission expires on the 21st day of OCTOBER, 20 26.

Morgan Nash Gann

Notary Public



[SEAL]

WICHITA

County, Texas

DOMESTIC WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

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

Attachment: [See Attachment No. 4](#)

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

Domestic Administrative Report 1.0

Core Data Form
Section 3(c) - Page 4 of 17

ATTACHMENT No. 1



TCEQ Core Data Form

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

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input checked="" type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)		<input type="checkbox"/> Other
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 600630479		RN 101702256

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		
<input type="checkbox"/> New Customer <input type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership				
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)				
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>				
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)			<i>If new Customer, enter previous Customer below:</i>	
Red River Authority of Texas				
7. TX SOS/CPA Filing Number	8. TX State Tax ID (11 digits)	9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)	
NA		75-1053545		
11. Type of Customer:		Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual		
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		
12. Number of Employees		13. Independently Owned and Operated?		
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following				
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:				
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant				
15. Mailing Address:		PO Box 240		
City	Wichita Falls	State	TX	ZIP 76307 ZIP + 4
16. Country Mailing Information (if outside USA)		17. E-Mail Address (if applicable)		
		fabian.heaney@rra.texas.gov		

18. Telephone Number (940) 723-8697	19. Extension or Code	20. Fax Number (if applicable) (940) 723-1717
---	------------------------------	---

SECTION III: Regulated Entity Information

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

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

25. Description to Physical Location:	The facility is located approximately 0.7 miles east of the intersection of State Highway 86 and U.S. Highway 287, in Hall County, Texas 79233.						
26. Nearest City	State				Nearest ZIP Code		
Estelline	TX				79233		
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>							
27. Latitude (N) In Decimal:		34.5448		28. Longitude (W) In Decimal:		-100.4270	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds		
34	32	41.28	-100	25	37.20		
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.) River Authority							
34. Mailing Address:	PO Box 240						
	City	Wichita Falls	State	RX	ZIP	76307	ZIP + 4
35. E-Mail Address:	fabian.heaney@rra.texas.gov						
36. Telephone Number	37. Extension or Code				38. Fax Number (if applicable)		
(940) 723-8697					(940) 723-1717		

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

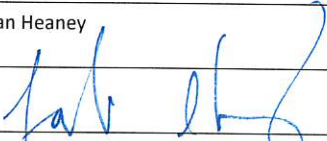
<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0011252001			

SECTION IV: Preparer Information

40. Name:	Kerry D. Maroney	41. Title:	Professional Engineer
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(940) 766-0156		(940) 766-3383	kdm@bmiwf.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:	Red River Authority of Texas	Job Title:	General Manager
Name (In Print):	Fabian Heaney	Phone:	(940) 723- 8697
Signature:		Date:	4-11-2025

Domestic Administrative Report 1.0

Summary of Application in Plain Language
Section 8(f) - Page 7 of 17

ATTACHMENT No. 2

Summary of Application in Plain Language for TPDES or TLAP Permit Applications

Permit No. - WQ0011252001
CN - 600630479
RN - 101702256

Red River Authority of Texas - Estelline Plant

Red River Authority of Texas (CN600630479) operates Estelline Plant (RN101702256), a Wastewater Treatment Facility. The facility is located at approximately 0.7 miles east of the intersection of SH 86 and US Highway 287, in Estelline, Hall County, Texas 79233. This application is for renewal to discharge at a daily average flow not to exceed 0.0125 million gallons per day of treated domestic wastewater via discharge pipe. Discharge from the facility are expected to contain carbonaceous biochemical oxygen demand (CBOD), total suspended solids (TSS), ammonia nitrogen (NH-N), and Escherichia coli. Additional potential pollutants are included in the Domestic Technical Report 1.0, Section 7 Pollutant Analysis of Treated Effluent Worksheet 4.0 in the permit application package. Domestic wastewater is treated by a bar screen, thence a grit chamber, thence to an Imhoff Tank, thence to an aeration pond, thence to a chlorination chamber, thence to discharge piping. Solids in the Imhoff Tank can be transferred to a drying bed.

Domestic Administrative Report 1.0

Location Information – Original USGS
Section 13 - Page 10 of 21

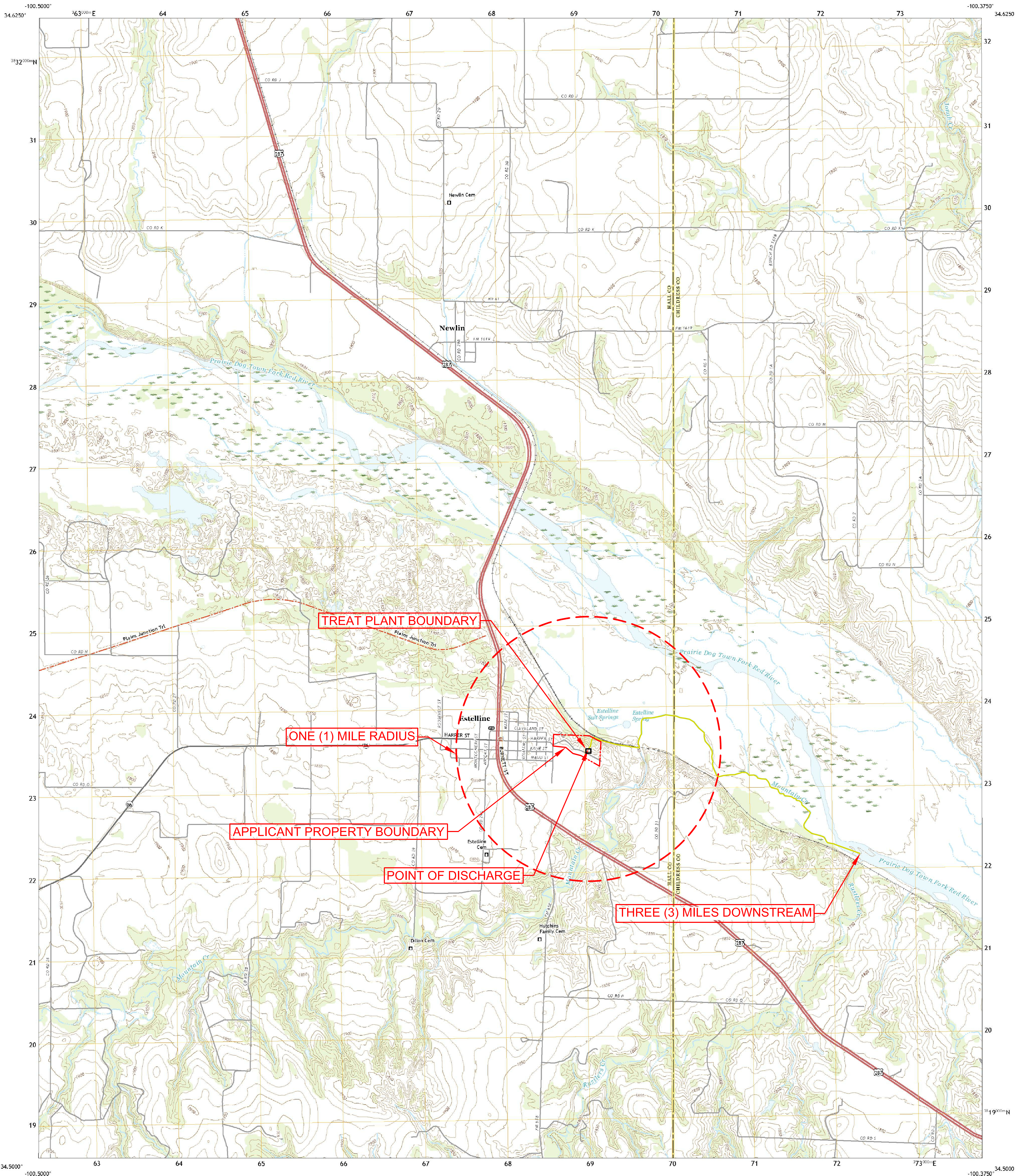
ATTACHMENT No. 3



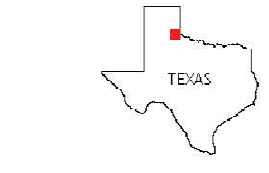
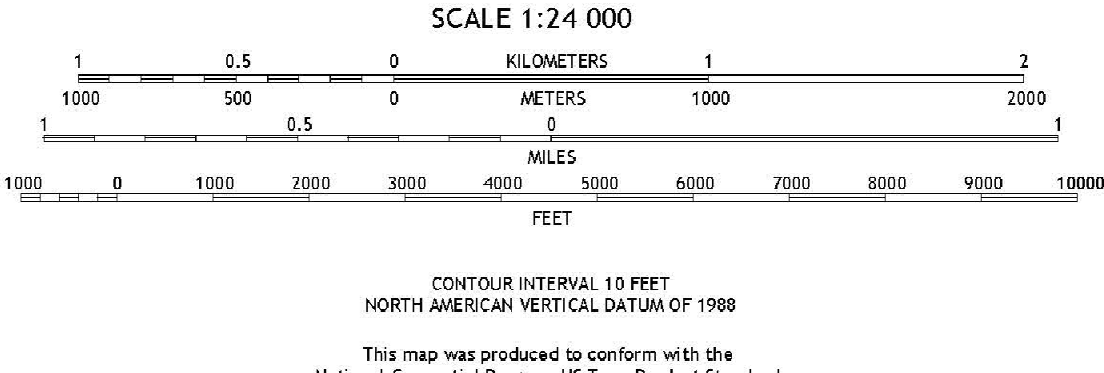
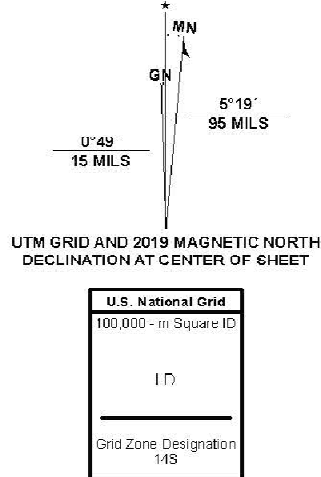
U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



ESTELLINE QUADRANGLE
TEXAS
7.5-MINUTE SERIES



Produced by the United States Geological Survey
North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84), Projection and
1 000-meter grid/Universal Transverse Mercator, Zone 14N
This map is not a legal document. Boundaries may be
generalized for this map scale. Private land within government
reservations may not be shown. Obtain permission before
entering private lands.
Imagery.....NIP, October 2016 - November 2016
Roads.....U.S. Census Bureau, 2015 - 2019
Names.....GNS, 1979 - 2021
Hydrography.....National Hydrography Dataset, 2002 - 2019
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3
4	5	6
7	8	9

ABANDONED QUADRANGLES

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

ESTELLINE, TX
2022

Supplemental Permit Information Form (SPIF)

Page 14 of 17

ATTACHMENT No. 4

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: Red River Authority of Texas

Permit No. WQ00 11252001EPA ID No. TX 0075591

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

The treatment facility is located approximately 0.7 miles east of the intersection of SH 86 and US Highway 287, Hall County, Texas 79233.

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

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

First and Last Name: Fabian Heaney

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

Title: General Manager

Mailing Address: PO Box 240

City, State, Zip Code: Wichita Falls, Texas 76307

Phone No.: 940-723-8697 Ext.: Fax No.: 940-723-1717

E-mail Address: fabian.heaney@rra.texas.gov

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

NA

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 a drainage ditch; thence to Salt Flats; Thence to Mountain Creek; Thence to Lower Prairie Dog Town Fork Red River, Segment 0207 of the Red River Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report). **See Attachment No. 4**

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):

NA

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

NA

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:

NA

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

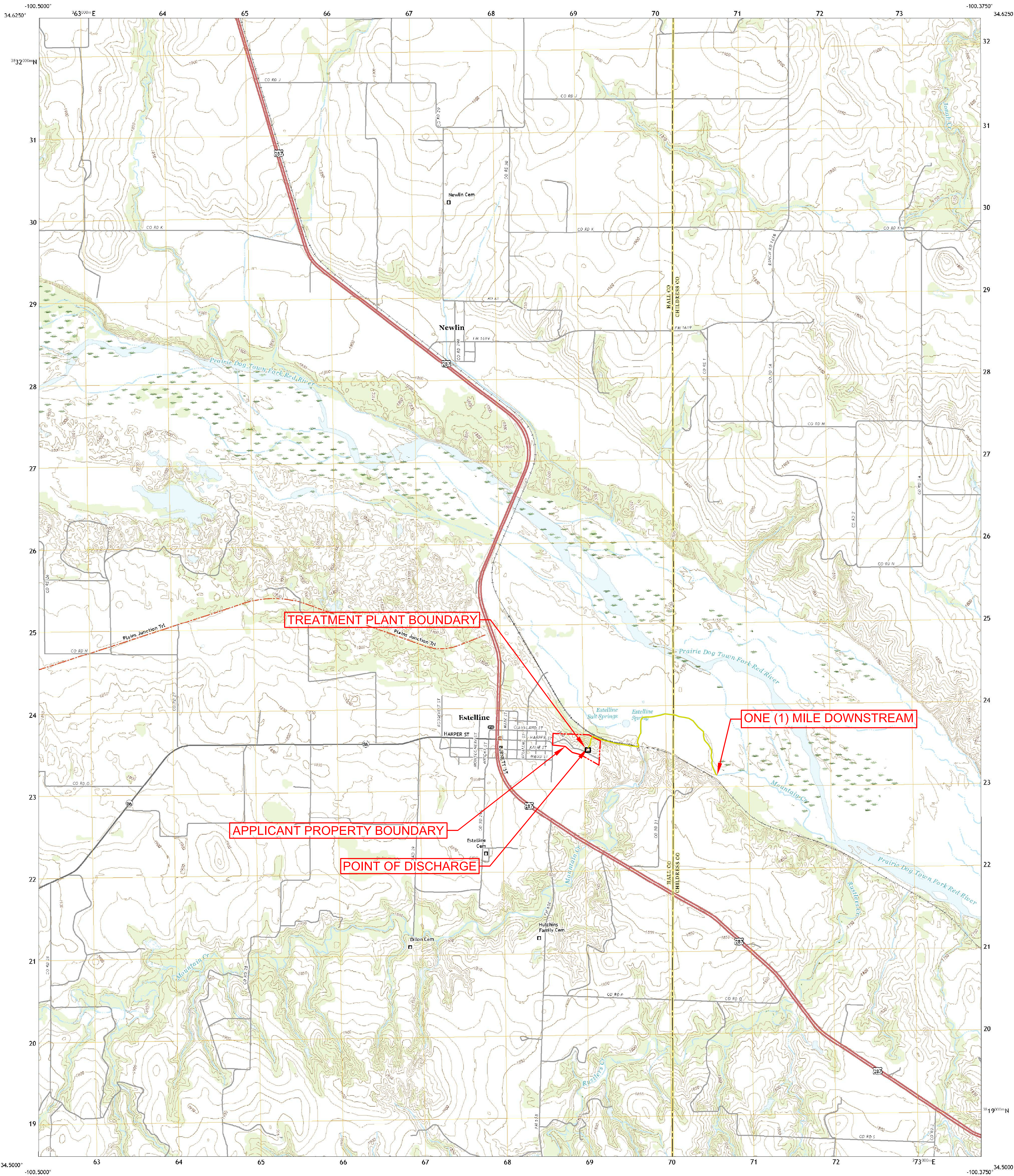
NA



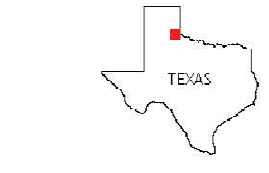
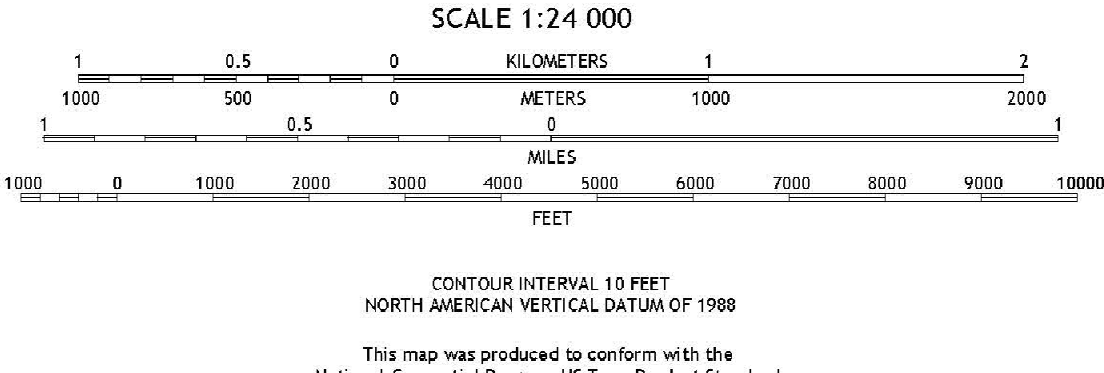
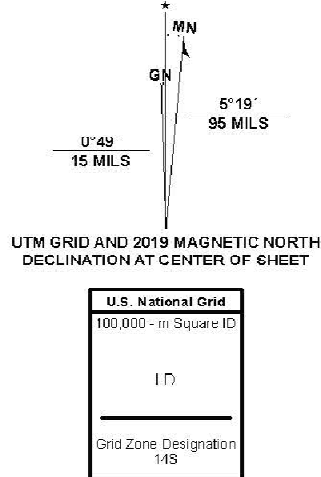
U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



ESTELLINE QUADRANGLE
TEXAS
7.5-MINUTE SERIES



Produced by the United States Geological Survey
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entering private lands.
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Roads.....U.S. Census Bureau, 2015 - 2019
Names.....GNS, 1979 - 2021
Hydrography.....National Hydrography Dataset, 2002 - 2019
Contours.....National Elevation Dataset, 2019
Boundaries.....Multiple sources; see metadata file 2019 - 2021
Wetlands.....FWS National Wetlands Inventory Not Available



1	2	3
4	5	6
7	8	9

1 Memphis
2 Estelline NW
3 Estelline NE
4 Parnell
5 Estelline SE
6 Badger Nest Tank
7 Tail North
8 Carey

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

ESTELLINE, TX
2022

Copy of Application Fee Check

ATTACHMENT No. 5



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): 0.0125

2-Hr Peak Flow (MGD): NA

Estimated construction start date: NA

Estimated waste disposal start date: Current

B. Interim II Phase

Design Flow (MGD): NA

2-Hr Peak Flow (MGD): NA

Estimated construction start date: NA

Estimated waste disposal start date: NA

C. Final Phase

Design Flow (MGD): NA

2-Hr Peak Flow (MGD): NA

Estimated construction start date: NA

Estimated waste disposal start date: NA

D. Current Operating Phase

Provide the startup date of the facility: 1972

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.**

Influent passes through a bar screen, thence a grit chamber, thence to an Imhoff Tank, thence to an aeration pond, thence to a chlorination chamber, thence to discharge piping. Solids in the Imhoff Tank can be transferred to a 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)
Bar Screen	1	4' x 4.1' x 9.5'
Grit Removal Chamber	1	3' x 4.5' x 5'
Imhoff Tank	1	25.25' x 13.3' x 15.3'
Aeration Pond	1	10' x 84' Diameter
Chlorination Chamber	1	4' x 5' x 13'
Sludge Drying Bed	1	2' x 20.6' x 26'

C. Process Flow Diagram

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

Attachment: No. 1

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

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

- Latitude: 34.5448
- Longitude: -100.4270

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

- Latitude: Click to enter text.
- Longitude: Click to enter text.

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: No. 2

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

City of Estelline, Hall County, Texas

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
Estelline Collection System	Red River Authority	Publicly Owned	123
		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.**

NA

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.

NA

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:

NA

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.

NA

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.

NA

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.

NA

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

F. Discharges to the Lake Houston Watershed

Does the facility discharge in the Lake Houston watershed?

☐ Yes ☒ No

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

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

1. Acceptance of sludge from other WWTPs

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

☐ Yes ☒ No

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

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

NA

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

2. Acceptance of septic waste

Is the facility accepting or will it accept septic waste?

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☐ No

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

NA

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.

NA

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

Is the facility in operation?

☒ Yes ☐ No

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

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

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

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

Pollutant	Average Conc.	Max Conc.	No. of Samples	Sample Type	Sample Date/Time
CBOD ₅ , mg/l					No Flow
Total Suspended Solids, mg/l					No Flow
Ammonia Nitrogen, mg/l					No Flow
Nitrate Nitrogen, mg/l					No Flow
Total Kjeldahl Nitrogen, mg/l					No Flow
Sulfate, mg/l					No Flow
Chloride, mg/l					No Flow
Total Phosphorus, mg/l					No Flow
pH, standard units					No Flow
Dissolved Oxygen*, mg/l					No Flow
Chlorine Residual, mg/l					No Flow
<i>E.coli</i> (CFU/100ml) freshwater					No Flow
Enterococci (CFU/100ml) saltwater					NA
Total Dissolved Solids, mg/l					No Flow
Electrical Conductivity, μ mohs/cm, †					NA
Oil & Grease, mg/l					NA
Alkalinity (CaCO ₃)*, mg/l					NA

*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					NA
Total Dissolved Solids, mg/l					NA
pH, standard units					NA
Fluoride, mg/l					NA
Aluminum, mg/l					NA
Alkalinity (CaCO ₃), mg/l					NA

Section 8. Facility Operator (Instructions Page 49)

Facility Operator Name: Joel Denver Morris

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

Facility Operator's License Number: WW0072649

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

A. WWTP's Sewage Sludge or Biosolids Management Facility Type

Check all that apply. See instructions for guidance

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

B. WWTP's Sewage Sludge or Biosolids Treatment Process

Check all that apply. See instructions for guidance.

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

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

D. Disposal site

Disposal site name: [City of Memphis Landfill](#)

TCEQ permit or registration number: [MSW-2266](#)

County where disposal site is located: [Hall County, Texas](#)

E. Transportation method

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

Name of the hauler: [Red River Authority of Texas](#)

Hauler registration number: [22236](#)

Sludge is transported as a:

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

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

A. Beneficial use authorization

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

B. Sludge processing authorization

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

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

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

☐ Yes ☐ No

Section 11. Sewage Sludge Lagoons (Instructions Page 53)

Does this facility include sewage sludge lagoons?

☐ Yes ☒ No

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

A. Location information

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

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

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

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

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

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

NA

B. Temporary storage information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provide the following information:

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

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

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

C. Liner information

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

☐ Yes ☐ No

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

[Click to enter text.](#)

D. Site development plan

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

[Click to enter text.](#)

Attach the following documents to the application.

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

E. Groundwater monitoring

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

☐ Yes ☐ No

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

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

Section 12. Authorizations/Compliance/Enforcement (Instructions 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:

30 TAC Chapter 210 Reuse Authorization – R11252-001

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:

NA

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: Justlyn Ferrol

Title: Lab Supervisor

Signature: _____



Date: 4-11-2025

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: RECEIVING WATERS

The following information is required for all TPDES permit applications.

Section 1. Domestic Drinking Water Supply (Instructions Page 63)

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

☐ Yes ☒ No

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

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

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

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

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

Section 2. Discharge into Tidally Affected Waters (Instructions Page 63)

Does the facility discharge into tidally affected waters?

☐ Yes ☒ No

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

A. Receiving water outfall

Width of the receiving water at the outfall, in feet: NA – No Flow

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: Unnamed Tributary

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.

Mountain Creek and Rustlers 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.

Creek channel opens up to salt flats

E. Normal dry weather characteristics

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

Prairie Dog Town Fork Red River has very little flow, if any, flow is located on north edge of river bed.

Date and time of observation: 3/21/2025 @ 10:00am

Was the water body influenced by stormwater runoff during observations?

☐ Yes ☒ No

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

A. Upstream influences

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

☐ Oil field activities

☐ Urban runoff

☐ Upstream discharges

☒ Agricultural runoff

☐ Septic tanks

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

B. Waterbody uses

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

- | | |
|--|--|
| <input type="checkbox"/> Livestock watering | <input type="checkbox"/> Contact recreation |
| <input type="checkbox"/> Irrigation withdrawal | <input type="checkbox"/> Non-contact recreation |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Domestic water supply | <input type="checkbox"/> Industrial water supply |
| <input type="checkbox"/> Park activities | <input type="checkbox"/> Other(s), specify: 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 3.0: LAND DISPOSAL OF EFFLUENT

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

Section 1. Type of Disposal System (Instructions Page 67)

Identify the method of land disposal:

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

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

For existing authorizations, provide Registration Number: R11252-001

Section 2. Land Application Site(s) (Instructions Page 67)

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

Table 3.0(1) – Land Application Site Crops

Crop Type & Land Use	Irrigation Area (acres)	Effluent Application (GPD)	Public Access? Y/N
Native Grass – Pasture Land	2.0	2,500	N

Section 3. Storage and Evaporation Lagoons/Ponds (Instructions Page 67)

Table 3.0(2) – Storage and Evaporation Ponds

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

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

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

Section 4. Flood and Runoff Protection (Instructions Page 67)

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

☐ Yes ☒ No

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

[Click to enter text.](#)

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

FEMA – Unmapped Area

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

NA

Section 5. Annual Cropping Plan (Instructions Page 67)

Attach an Annual Cropping Plan which includes a discussion of each of the following items. If not applicable, provide a detailed explanation indicating why. **Attachment:** NA – Native Grasses, not harvested

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

Section 6. Well and Map Information (Instructions Page 68)

Attach a USGS map with the following information shown and labeled. If not applicable, provide a detailed explanation indicating why. **Attachment:** NA – No wells located within 1 mile of disposal site

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

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

Table 3.0(3) – Water Well Data

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

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

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

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

Section 7. Groundwater Quality (Instructions Page 68)

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

Attachment: NA

Are groundwater monitoring wells available onsite? ☐ Yes ☒ No

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

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

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

Section 8. Soil Map and Soil Analyses (Instructions Page 69)

A. Soil map

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

Attachment: No. 3

B. Soil analyses

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

Attachment: NA

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

Table 3.0(4) – Soil Data

Soil Series	Depth from Surface	Permeability	Available Water Capacity	Curve Number
EmB	0" to 80"	Mod. High to	0.57 to 1.98	68
		High	in/hr	
EmD	0" to 80"	Mod. High to	0.57 to 1.98	68
		High	In/hr	

Date	30 Day Avg Flow MGD	BOD5 mg/l	TSS mg/l	pH	Chlorine Residual mg/l	Acres irrigated

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

Click to enter text.

DOMESTIC WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following is required for all publicly owned treatment works.

Section 1. All POTWs (Instructions Page 87)

A. Industrial users (IUs)

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

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

Categorical IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Significant IUs – non-categorical:

Number of IUs: 0

Average Daily Flows, in MGD: 0

Other IUs:

Number of IUs: 0

Average Daily Flows, in MGD: 0

B. Treatment plant interference

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

☐ Yes ☒ No

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

NA

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.

NA

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.

NA

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.

NA

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
NA				

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.

NA

Section 3. Significant Industrial User (SIU) Information and Categorical Industrial User (CIU) (Instructions Page 88)

A. General information

Company Name: o

SIC Code: o

Contact name: NA

Address: NA

City, State, and Zip Code: NA

Telephone number: NA

Email address: NA

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).

NA

C. Product and service information

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

NA

D. Flow rate information

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

Process Wastewater:

Discharge, in gallons/day: NA

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

Non-Process Wastewater:

Discharge, in gallons/day: NA

Discharge Type: ☐ Continuous ☐ Batch ☐ Intermittent

E. Pretreatment standards

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

F. Industrial user interruptions

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

☐ Yes ☒ No

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

NA

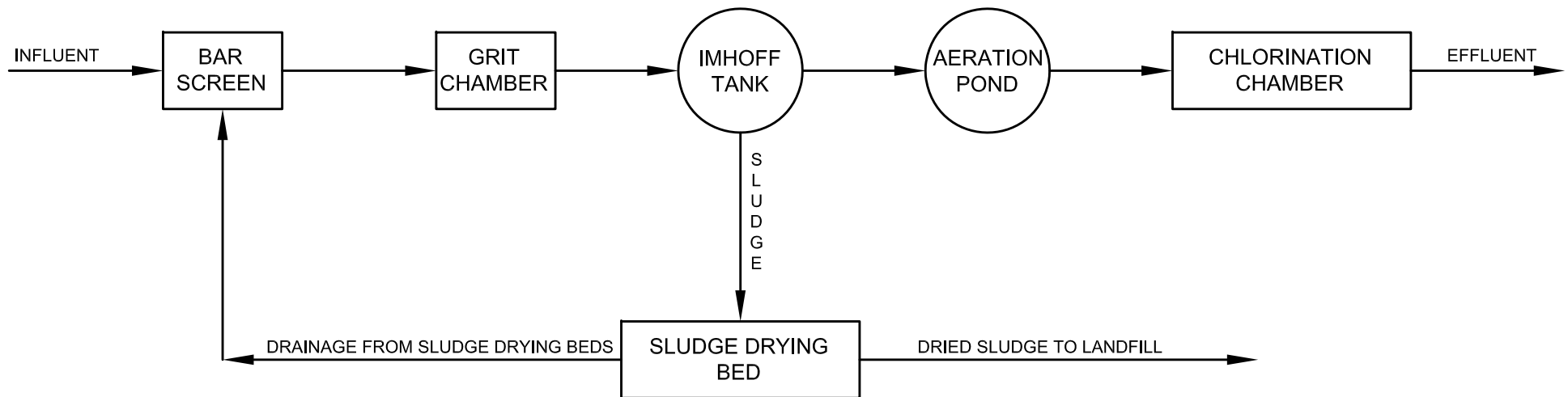
Domestic Technical Report 1.0

Treatment Units – Flow Diagram
Section 2(c) - Page 2 of 66

ATTACHMENT No. 1

APPLICATION TO RENEW PERMIT NO. WQ0011252001
ESTELLINE PLANT
ESTELLINE, HALL COUNTY, TEXAS

FLOW DIAGRAM



FLOW DIAGRAM

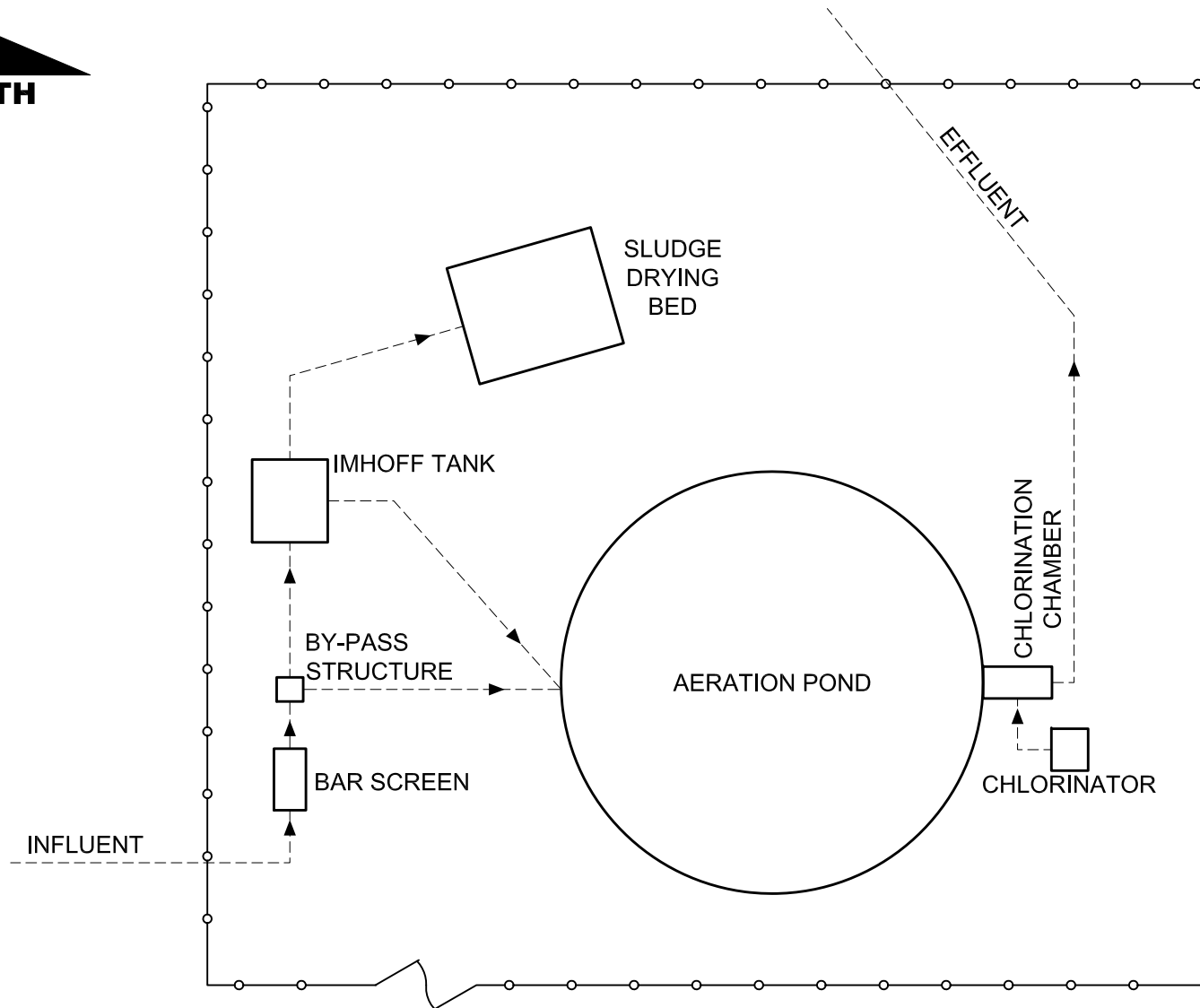
Domestic Technical Report 1.0

Site Drawing
Section 3 - Page 2 of 66

ATTACHMENT No. 2

APPLICATION TO RENEW PERMIT NO. WQ0011252001
ESTELLINE PLANT
ESTELLINE, HALL COUNTY, TEXAS

SITE MAP



Domestic Technical Report 1.0

Soil Map
Section 8(a) - Page 34 of 66

ATTACHMENT No. 3

Area of Interest (AOI)

Soil Map

Soil Data Explorer

[Download Soils Data](#)

Shopping Cart (Free)

[Printable Version](#) [Add to Shopping Cart](#)

Search

Map Unit Legend

Hall County, Texas (TX191)

Hall County, Texas (TX191)

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
EfC	Hardeman fine sandy loam, dry, 3 to 5 percent slopes	20.7	9.3%
EmB	Enterprise very fine sandy loam, 1 to 3 percent slopes	42.5	19.0%
EmD	Enterprise very fine sandy loam, 5 to 12 percent slopes	41.3	18.5%
Ly	Lincoln and Yahola soils	44.0	19.7%
Sa	Lincoln loamy fine sand, 0 to 2 percent slopes	68.5	30.6%
Tv	Tivoli fine sand, 5 to 30 percent slopes	6.7	3.0%
Totals for Area of Interest		223.7	100.0%

Soil Map



Warning: Soil Map may not be valid at this scale.

You have zoomed in beyond the scale at which the soil map for this area is intended to be used. Map design of map units and the level of detail shown in the resulting soil map are dependent on that map scale. Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of map units that have been shown at a more detailed scale.

Rainee Trevino

From: Nash Gann <ngann@bmiwf.com>
Sent: Monday, May 12, 2025 8:10 AM
To: Rainee Trevino; Fabian Heaney
Cc: Kerry D. Maroney; 'Jared York'
Subject: RE: Application to Renew Permit No. WQ0011252001-Notice of Deficiency Letter
Attachments: 20250512_BMI Response to WQ0011252001-NOD1.pdf; Estelline_Core Data Form - Sheet 2 of 3 - REVISED Item 24.pdf; R11252-001 - Estelline - Reuse Authorization - October 22, 2012.pdf

Categories: NOD Response Review

Dear Rainee Trevino,

Thank you for taking the time to speak to me last week regarding the permit renewal application for The Estelline Wastewater Treatment Plant.

We have reviewed the NOD and have responded to each item in the attached document (20250512_BMI Response to WQ0011252001-NOD1.pdf).

If you have any questions or need further assistance, please do not hesitate to contact us.

Thanks,

Nash Gann

Biggs & Mathews, Inc.
2500 Brook Avenue
Wichita Falls, TX 76301
(940) 766-0156
ngann@bmiwf.com

From: Rainee Trevino <Rainee.Trevino@tceq.texas.gov>
Sent: Friday, May 9, 2025 1:55 PM
To: Fabian Heaney <fabian.heaney@rra.texas.gov>
Cc: Kerry D. Maroney <kdm@bmiwf.com>; Nash Gann <ngann@bmiwf.com>; 'Jared York' <jared.york@rra.texas.gov>
Subject: RE: Application to Renew Permit No. WQ0011252001-Notice of Deficiency Letter

Good afternoon,

I am following up on a question regarding the Reuse Authorization from my phone call earlier with Mr. Gann. I did confirm the Reuse Authorizations are indefinite unless a request to cancel is received.

Regards,
Rainee Trevino

From: Rainee Trevino
Sent: Friday, May 9, 2025 9:27 AM
To: Fabian Heaney <fabian.heaney@rra.texas.gov>

Cc: kdm@bmiwf.com; 'Nash Gann' <ngann@bmiwf.com>; 'Jared York' <jared.york@rra.texas.gov>

Subject: RE: Application to Renew Permit No. WQ0011252001-Notice of Deficiency Letter

Good morning,

Yes, both would be submitted separately.

From: Fabian Heaney <fabian.heaney@rra.texas.gov>

Sent: Friday, May 9, 2025 7:52 AM

To: Raine Trevino <Raine.Trevino@tceq.texas.gov>

Cc: kdm@bmiwf.com; 'Nash Gann' <ngann@bmiwf.com>; 'Jared York' <jared.york@rra.texas.gov>

Subject: RE: Application to Renew Permit No. WQ0011252001-Notice of Deficiency Letter

Do we need to reconcile the application with this beneficial use permit? Do we just treat them separately? This is what we were trying to reference in the application.

Thanks,

Fabian Heaney

General Manager

Red River Authority of Texas

P.O. Box 240

Wichita Falls, Texas 76307-0240

(940) 723-8697

From: Raine Trevino [<mailto:Raine.Trevino@tceq.texas.gov>]

Sent: Thursday, May 8, 2025 10:49 AM

To: fabian.heaney@rra.texas.gov

Cc: kdm@bmiwf.com

Subject: Application to Renew Permit No. WQ0011252001-Notice of Deficiency Letter

Dear Mr. Heaney,

The attached Notice of Deficiency letter sent on May 8, 2025, requests additional information needed to declare the application administratively complete. Please send the complete response to my attention by May 22, 2025.

Regards,

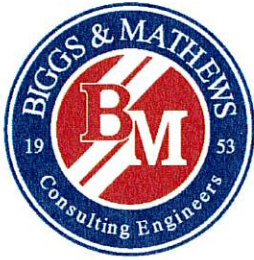
Raine Trevino

Water Quality Division | ARP Team

Texas Commission on Environmental Quality

512-239-4324





BIGGS & MATHEWS INC.

Consulting Engineers

May 12, 2025

Rainee Trevino
Applications Review and Processing Team (MC148)
Water Quality Division
Texas Commission of Environmental Quality

Subject - Application to Renew Permit No.: WQ0011252001 (EPA ID No. TX0075591)
Applicant Name: Red River Authority of Texas (CN600630479)
Site Name: Estelline Wastewater Treatment Plant (RN101702256)
Type of Application: Renewal

Dear Rainee Trevino:

This letter is in response to an email that was received by Mr. Fabian Heaney – General Manager of Red River Authority of Texas on May 8, 2025 regarding the renewal application for the Estelline Wastewater Treatment Plant. Please see our responses/revisions in red...

1. Core Data Form. Section III, Item #24
Please submit an updated Core Data Form with the county for the proposed wastewater treatment plant.

Item #24 has been updated, and the revised sheet is attached...

2. Worksheet 3.0: Land Disposal of Effluent:
The Worksheet 3.0 submitted shows irrigation on 2.0 acres on non-public access pastureland. However, the current permit does not authorize irrigation of any type. Please clarify if this renewal application is also requesting a provision for irrigation. If it is, a major amendment will be required.

**This renewal application is not requesting a provision for irrigation.
An Authorization for Reclaimed Water (30 TAC Chapter 210 Reuse
Authorization – R11252-001) was granted on October 22, 2012 (attached).**

**Please remove sheets 31 of 66 through 36 of 66 from the permit application.
Please remove Technical Report Attachment No. 3 (Soil Map) from the permit application.**

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

APPLICATION. Red River Authority of Texas, P.O. Box 240, Wichita Falls, Texas 76307, has applied to the Texas Commission on Environmental Quality (TCEQ) to renew Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0011252001 (EPA I.D. No. TX0075591) to authorize the discharge of treated wastewater at a volume not to exceed a daily average flow of 12,500 gallons per day. The domestic wastewater treatment facility is located approximately 0.7 mile east of the intersection of State Highway 86 and U.S. Highway 287, in the city of Estelline, in Hall County, Texas 79233. The discharge route is from the plant site to a drainage ditch, thence to Mountain Creek, thence to Lower Prairie Dog Town Fork Red River **in Segment No. 0207 of The Red River Basin**. TCEQ received this application on May 5, 2025. The permit application will be available for viewing and copying at Estelline City Hall, Foyer, 507 Burnett Street, Estelline, in Hall County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:


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

This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-100.426944,34.545&level=18>

Further information may also be obtained from Red River Authority of Texas at the address stated above or by calling Mr. Fabian Heaney, General Manager, at 940-723-8697.

Regards,
BIGGS & MATHEWS, INC. (F-834)


Kerry D. Maroney, P.E.

18. Telephone Number	19. Extension or Code	20. Fax Number (if applicable)
(940) 723-8697		(940) 723-1717

SECTION III: Regulated Entity Information

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

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

25. Description to Physical Location:	The facility is located approximately 0.7 miles east of the intersection of State Highway 86 and U.S. Highway 287, in Hall County, Texas 79233.							
26. Nearest City	State				Nearest ZIP Code			
Estelline	TX				79233			
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>								
27. Latitude (N) In Decimal:		34.5448			28. Longitude (W) In Decimal:		-100.4270	
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds			
34	32	41.28	-100	25	37.20			
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.)								
River Authority								
34. Mailing Address:	PO Box 240							
	City	Wichita Falls	State	RX	ZIP	76307	ZIP + 4	
35. E-Mail Address:	fabian.heaney@rra.texas.gov							
36. Telephone Number	37. Extension or Code				38. Fax Number (if applicable)			
(940) 723-8697					(940) 723-1717			

Bryan W. Shaw, Ph.D., *Chairman*
Carlos Rubinstein, *Commissioner*
Toby Baker, *Commissioner*
Zak Covar, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 22, 2012

Mr. Henry C. Wied, Assistant General Manager
Red River Authority of Texas
P.O. Box 240
Wichita Falls, Texas 76307

Re: Red River Authority of Texas
Reuse Authorization No. R11252-001
Hall County
CN600630479, RN101702256



Dear Mr. Wied:

The Texas Commission on Environmental Quality (TCEQ) has completed its review of the application for the above referenced authorization. The authorization allows the reuse of Type II wastewater effluent from the Red River Authority of Texas's Estelline Wastewater Treatment Facility.

Notify this office and the appropriate regional office at least 30 days before reclaimed water is distributed. If the plans and specifications for the project have been approved, the authorization will be activated and the facility will be issued monthly effluent report (MER) forms for reporting quality and quantity of reclaimed water used. See Requirement V(b) on page 7 of the attached authorization.

Thank you for your cooperation during this review process. If you have any questions, please contact Louis C. Herrin, III of my staff at louis.herrin@tceq.texas.gov or (512) 239-4552.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Linendoll".

Chris Linendoll, E.I.T., Manager
Wastewater Permitting Section
Water Quality Division

CL/LCH/sp

AUTHORIZATION FOR RECLAIMED WATER



Authorization No. R11252-001

Producer: Red River Authority of Texas
P.O. Box 240
Wichita Falls, Texas 76307

Provider: Red River Authority of Texas
P.O. Box 240
Wichita Falls, Texas 76307

User: Red River Authority of Texas
P.O. Box 240
Wichita Falls, Texas 76307

Location: The wastewater treatment facility is located approximately 0.7 mile east of the intersection of State Highway 86 and U.S. Highway 287, east of the City of Estelline, in Hall County, Texas.

Authorization: Type II reclaimed water from the Estelline Wastewater Treatment Facility (TPDES Permit No. WQ0011252-001) is to be used for the irrigation of 48 acres of pastureland adjacent to the wastewater treatment plant. The service area is as shown in Section XI, Service Area Map.

This authorization contains the conditions that apply for the use of reclaimed water. The approval of reclaimed water use under Chapter 210 does not affect any existing water rights. If applicable, a reclaimed water use authorization in no way affects the need of a producer, provider, or user to obtain a separate water right authorization from the commission. This authorization does not allow irrigation of any area authorized for irrigation under a Texas Land Application Permit.

Issue Date: **October 22, 2012**


Zak Covar, Executive Director

I. General Requirements

- A. No producer or provider may transfer reclaimed water to a user without first notifying the commission.
- B. Reuse of untreated wastewater is prohibited.
- C. Food crops that may be consumed raw by humans must not be spray irrigated. Food crops including orchard crops that will be substantially processed prior to human consumption may be spray irrigated. Other types of irrigation that avoid contact of reclaimed water with edible portions of food crops are acceptable.
- D. There must be no nuisance conditions resulting from the distribution, the use, or storage of reclaimed water.
- E. Reclaimed water must not be used in a way that degrades groundwater quality to a degree adversely affecting its actual or potential uses.
- F. Reclaimed water stored in ponds must be prevented from discharging into waters in the state, except for discharges directly resulting from rainfall events or in accordance with a permit issued by the commission. All other discharges are unauthorized.
- G. If an overflow of a holding pond occurs causing discharge into or adjacent to water in the state, the user or provider, as appropriate, shall report the noncompliance. A written submission of pertinent information must be provided to the TCEQ Region 1 Office in Amarillo and to the TCEQ Enforcement Division (MC-149) in Austin, within five (5) working days after becoming aware of the overflow. The submission must contain:
 - 1. a description of the noncompliance and its cause;
 - 2. the potential danger to human health or safety, or the environment;
 - 3. the period of noncompliance, including exact dates and times;
 - 4. if the noncompliance has not been corrected, the anticipated time it is expected to continue; and
 - 5. steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance, and to mitigate its adverse effects.
- H. Unless otherwise provided in this authorization, there must be no off-site discharge, either airborne or surface runoff of reclaimed water from the user's property except to a wastewater treatment collection system or wastewater treatment facility unless the reclaimed water user applies for and obtains a permit from the commission that authorizes discharge of the water.
- I. All reclaimed water piping must be separated from potable water piping when trenched by a distance of at least nine feet for Type II effluent and four feet for Type I. All buried pipe must be manufactured in purple, painted purple, taped with purple metallic tape or bagged in purple. All exposed piping, hose bibs and faucets must be painted purple, designed to prevent connection to a standard water hose, and stenciled with a warning reading "NON-POTABLE WATER."
- J. The design of any new distribution system that will convey reclaimed water to a user requires the approval of the executive director. Materials must be submitted to the executive director in accordance with the Texas Engineering Practice Act (Article 3271a, Vernon's Annotated Texas Statutes). The plans and specifications for any new

distribution system constructed pursuant to this authorization must be approved by the executive director. Failure to secure approval before commencing construction or making a transfer of reclaimed water is a violation of this authorization. Each day of a transfer is a separate violation until approval has been secured.

- K. Nothing in this authorization modifies any requirements in 30 TAC Chapter 290, Public Drinking Water.
- L. A major change from a prior notification for use of reclaimed water must be approved by the executive director before it can be implemented. A major change includes:
 - 1. a change in the boundary of the approved service area, not including the conversion of individual lots within a subdivision to reclaimed water use;
 - 2. the addition of a new provider;
 - 3. a major change in the intended use, such as conversion from irrigation of a golf course to residential irrigation; or
 - 4. a change from either Type I or Type II use to the other.
- M. The reclaimed water producer, provider, and user shall maintain current operation and maintenance plans on the sites over which they have operational control. The operation and maintenance plan must contain the following, as a minimum:
 - 1. a copy of the signed contract between the user and provider and a copy of the signed contract between the provider and the producer, as applicable;
 - 2. a labeling and separation plan for the prevention of cross connections between reclaimed water distribution lines and potable water lines;
 - 3. the measures that will be implemented to prevent unauthorized access to reclaimed water facilities (e.g., secured valves);
 - 4. procedures for monitoring reclaimed water;
 - 5. a plan for how reclaimed water use will be scheduled to minimize the risk of inadvertent human exposure;
 - 6. schedules for routine maintenance;
 - 7. a plan for worker training and safety; and
 - 8. contingency plan for system failure or upsets.
- N. One of the following requirements must be met by the user or provider, for any area where reclaimed water is stored or where there are hose bibs or faucets:
 - 1. Signs having a minimum size of eight inches by eight inches must be posted at all storage areas and on all hose bibs and faucets reading, in both English and Spanish, "Reclaimed Water, Do Not Drink" or similar warning.
 - 2. The area must be secured to prevent access by the public.
- O. Where a reclaimed water line parallels a sewer line, the reclaimed water line must be constructed in accordance with subsection (p) or (q) of this section. The horizontal separation distance must be three feet (outside to outside) with the reclaimed water line at the level of or above the sewer line. Reclaimed water lines that parallel sewer lines may be placed in the same benched trench. Where a reclaimed water line crosses a sewer line,

the requirement of 30 TAC §290.44(e)(4)(B), Water Line Installation—crossing lines, must be followed with the reclaimed water line substituted for the water line.

P. Reclaimed water pipes must meet the following requirements:

1. Lines that transport reclaimed water under pressure must be sized according to acceptable engineering practices for the needs of the reclaimed water users.
2. Reclaimed water force mains must have an expected life of at least as long as that of the associated lift station and must be suitable for the reclaimed water being pumped and operating pressure to which it will be subjected.
3. Pipes must be identified in the technical specifications with appropriate American Society for Testing and Materials, American National Standard Institute, or American Water Works Association standard numbers for both quality control (dimensions, tolerance, and installation such as bedding or backfill).
4. Pipes and fittings must have a minimum working pressure rating of 150 pounds per square inch.
5. Final plans and specifications must describe required pressure testing for all installed reclaimed water force mains.
6. Minimum test pressure must be 1.5 times the maximum design pressure. Allowable leakage rates must be determined as described in 30 TAC §217.97, Pressure Sewer Systems.
7. Gravity flow reclaimed water lines must meet the requirements of 30 TAC Chapter 217, Subchapter C, Conventional Collection Systems. The provider shall prevent high velocity scouring and maintain adequate fluid velocity to prevent the deposition of solids in the lines.

Q. All exposed piping and piping within a building must be either purple pipe or painted purple. All exposed piping should be stenciled in white with a warning reading "NON-POTABLE WATER". All exposed or buried reclaimed water piping constructed at a wastewater treatment facility is exempt from the color-coding requirement of this section.

R. When applicable, in accordance with 30 TAC Chapter 217, Design Criteria for Domestic Wastewater Systems, the design of the distribution systems that will convey reclaimed water to a user must be submitted to the executive director and must receive an approval before the distribution system may be constructed. The design of the distribution systems must meet the criteria of 30 TAC Chapter 217, Design Criteria for Domestic Wastewater Systems. When a municipality is the plan review authority for certain sewer systems that transport primarily domestic waste, in lieu of the commission, design submittal will not be subject to submittal to the commission and instead must be approved by the municipality.

S. All ground level and elevated storage tanks must be designed, installed, and constructed in accordance with current AWWA standards with reference to materials to be used and construction practices to be followed, except for health-based standards strictly related to potable water storage and contact practices, where appropriately less restrictive standards may be applied.

II. Storage Requirements for Reclaimed Water

- A. Storage facilities for retaining reclaimed water prior to use must not be located within a floodway.
- B. Storage ponds must be hydraulically separated from waters in the state.
- C. Any holding pond designed to contain Type II effluent and that is located within a DRASTIC Pollution Potential Index Zone of 110 or greater, shall conform to the following requirements:
 - 1. Ponds with an earthen liner must meet the following requirements
 - a. A permeability of less than 1×10^{-7} cm/sec;
 - b. The ponds must be designed and constructed to prevent groundwater contamination;
 - c. Soils used for pond lining must be free from foreign material such as paper, brush, trees, and large rocks; and
 - d. All soil liners must be of compacted material, at least 24 inches thick, compacted in lifts no greater than 6 inches thick and compacted to 95% of Standard Proctor Density;
 - e. Soil liners must meet the following particle size gradation and Atterberg limits:
 - i. 30% or more passing a number 200 mesh sieve; and
 - ii. a liquid limit of 30% or greater; and
 - iii. a plasticity index of 15 or greater;
 - f. In situ liners at least 24 inches thick meeting a permeability less than or equal to 1×10^{-7} cm/sec are acceptable alternatives; In-situ clay soils meeting the soils liner requirements must be excavated and re-compacted a minimum of 6 inches below planned grade to assure a uniformly compacted finished surface.
- D. Synthetic membrane linings must have a minimum thickness of 40 mils and have a leak detection system;
- E. Certification by a Texas licensed professional engineer must be furnished stating that the pond liner meets the appropriate criteria prior to use of the facilities;
- F. Soil embankment walls must have a top width of at least five feet. The interior and exterior slopes of soil embankment walls must be no steeper than one foot vertical to three feet horizontal unless alternate methods of slope stabilization are used. All soil embankment walls must be protected by a vegetative cover or other stabilizing material to prevent erosion. Erosion stops and water seals must be installed on all pipe penetrating the embankments; and
- G. An alternative method of pond lining that provides equivalent or better water quality protection than provided under this section may be utilized with the prior approval of the executive director; and
- H. Reclaimed water may be stored in leak-proof, fabricated tanks;
- I. Subsequent holding ponds utilized for the receipt and storage of reclaimed water of a quality that could cause or causes a violation of a surface water quality standard or

impairment of groundwater for its actual or intended use will be also subject to the storage requirements of this section.

III. Specific Uses and Quality Standards for Reclaimed Water

- A. Numerical parameter limits pertaining to specific reclaimed water use categories are contained in this section. These limits apply to reclaimed water before discharge to initial holding ponds or a reclaimed water distribution system.
- B. The reclaimed water producer shall establish that the reclaimed water meets the quality limits at the sample point for the intended use in accordance with the monitoring requirements identified in Section IV, Sampling and Analysis.
- C. Types and quality standards for reclaimed water.
 1. Type II Reclaimed Water Use. The use of Type II reclaimed water is for situations where the public will not be exposed to the reclaimed water. The use allowed by this authorization is the irrigation of pastureland.
 2. The following conditions apply to Type II use of reclaimed water. At a minimum, the reclaimed water producer shall transfer only reclaimed water of the following quality. Type II reclaimed water on a 30-day average must have a quality of no more than:

Table 1. Type II Quality Requirements

Parameter	Limit	Limit Type
BOD ₅	30 mg/l	30-day average
<i>E. coli</i>	200/100 ml	30-day geometric mean (MPN or CFU)
<i>E. coli</i>	800/100 ml	maximum single grab sample (MPN or CFU)

D. Test Procedures

1. Test procedures for the analysis of pollutants must comply with procedures specified in 30 TAC §§319.11 - 319.12. Measurements, tests, and calculations must accurately represent the reclaimed water.
2. All laboratory tests submitted to demonstrate compliance with this authorization must meet the requirements of 30 TAC Chapter 25, *Environmental Testing Laboratory Accreditation and Certification*.

IV. Sampling and Analysis

- A. The reclaimed water producer shall sample the reclaimed water prior to distribution to the entity that first received the reclaimed water after it leaves the wastewater treatment facility (provider or user) to assure that the water quality meets the standard for the contracted use.
- B. Analytical methods must be in compliance with 30 TAC Chapter 319, *Monitoring and Reporting*.
- C. The minimum sampling and analysis frequency for Type II reclaimed water is once per week when reclaimed water is being produced and shall be reported as outfall 900.
- D. The monitoring must be done after the final treatment unit.

- E. The records of the monitoring must be kept on a monthly basis and be available at the facility site for inspection by representatives of the Commission for at least five years.

V. Record Keeping and Reporting

- A. The reclaimed water provider and user shall maintain records on site for a period of at least five years.
- B. The producer shall maintain the following records:
 - 1. copies of notifications made to the commission concerning reclaimed water projects;
 - 2. as applicable, copies of contracts with each reclaimed water user (this requirement does not include reclaimed water users at residences that have separate distribution lines for potable water);
 - 3. records of the volume of water delivered to each reclaimed water user per delivery (this requirement does not apply to reclaimed water users at residences that have separate distribution lines for potable water); and
 - 4. reclaimed water quality analyses.
- C. The reclaimed water producer shall report to the commission on a monthly basis the following information on forms furnished by the executive director. The reports are due by the 20th day of the month following the reporting period.
 - 1. volume of reclaimed water delivered to each user; and
 - 2. quality of reclaimed water delivered to a user or provider reported as a monthly average for each quality criteria, except those listed as "not to exceed" that must be reported as individual analyses.
- D. Monitoring requirements contained in the authorization are suspended from the effective date of the authorization until the reclaimed water is transferred. The provider shall provide written notice to the Water Quality Application Team (MC 148) and the appropriate TCEQ regional office at least thirty (30) days prior to transfer of reclaimed water.

VI. Transfer of Reclaimed Water

- A. Reclaimed water must be transferred from a provider to a user on a demand only basis. A reclaimed water user may refuse delivery of reclaimed water at any time.
- B. All reclaimed water transferred to a user must be of at least the quality specified in Section IV, *Sampling and Analysis*.
- C. Transfer must be by pipes or tank trucks.
- D. The transfer of reclaimed water must be terminated immediately if a provider becomes aware of the misuse of the reclaimed water by the user, regardless of contract provisions.

VII. Restrictions

- A. This authorization does not convey any property right and does not grant any exclusive privilege.

- B. This authorization does not allow the use of reclaimed water on land that is authorize as a disposal site under either a Texas Pollutant Discharge Elimination System (TPDES) permit or a Texas Land Application Permit (TLAP).

VIII. Responsibilities and Contracts

- A. The producer of reclaimed water is not liable for misapplication of reclaimed water by users, except as provided in this section. Both the reclaimed water provider and user have at least but are not limited to the following responsibilities:
1. The reclaimed water producer shall: transfer reclaimed water of at least the minimum quality required by this chapter at the point of delivery to the user;
 - a. sample and analyze the reclaimed water and report the analyses in accordance with Section IV, Sampling and Analysis, and Section V, Recordkeeping and Reporting; and
 - b. notify the executive director in writing within five (5) days after obtaining knowledge of reclaimed water use not authorized by the executive director.
 2. The reclaimed water provider shall:
 - a. ensure construction of reclaimed water distribution systems in accordance with 30 TAC Chapter 217, Design of Domestic Wastewater Systems, and in accordance with approved plans and specifications;
 - b. transfer reclaimed water of at least the minimum quality required by this authorization at the point of delivery to the user;
 - c. notify the executive director in writing within five (5) days after obtaining knowledge of reclaimed water use not authorized by the executive director; and
 - d. not be found in violation of this chapter for the misuse of the reclaimed water by the user if transfer of such water is shut off promptly upon knowledge of misuse regardless of contract provisions.
 3. The reclaimed water user shall:
 - a. use the reclaimed water in accordance with this authorization; and
 - b. maintain and provide records as required by Section V, Record Keeping and Reporting.

IX. Enforcement

If the producer, provider, or user fail to comply with the terms of this authorization, the executive director may take enforcement action provided by the Texas Water Code §26.019 and §26.0136.

X. Standard Provisions

- A. This authorization is granted in accordance with the rules and orders of the commission and the laws of the state of Texas.
- B. Acceptance of this authorization constitutes an acknowledgment and agreement that the

producer, provider and user will comply with all the terms, provisions, conditions, limitations and restrictions embodied in this authorization and with the rules and other orders of the commission and the laws of the state of Texas. Agreement is a condition precedent to the granting of this authorization.

